



APPLICANT'S INFORMATION

Applicant Name _____

Physical Address _____

City, State, Zip _____

Mailing Address _____
(If different from Physical Address)

Telephone _____ Fax _____

Year Business Started _____

- Organization Type
- | | |
|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> REIT |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Other |

Applicant's Website _____

Contact Name _____ Phone _____

COVERAGE REQUESTED

Proposed Effective Date _____

Proposed Expiration Date _____

(At least 12 months, not to exceed 18 months)

- Limits of Liability (circle) Per Occurrence/Aggregate
- | | | | |
|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> \$500K/\$500K | <input type="checkbox"/> \$3MM/\$3MM | <input type="checkbox"/> \$6MM/\$6MM | <input type="checkbox"/> \$9MM/\$9MM |
| <input type="checkbox"/> \$500K/\$1MM | <input type="checkbox"/> \$3MM/\$6MM | <input type="checkbox"/> \$6MM/\$12MM | <input type="checkbox"/> \$9MM/\$18MM |
| <input type="checkbox"/> \$1MM/\$1MM | <input type="checkbox"/> \$4MM/\$4MM | <input type="checkbox"/> \$7MM/\$7MM | <input type="checkbox"/> \$10MM/\$10MM |
| <input type="checkbox"/> \$1MM/\$2MM | <input type="checkbox"/> \$4MM/\$8MM | <input type="checkbox"/> \$7MM/\$14MM | <input type="checkbox"/> \$10MM/\$20MM |
| <input type="checkbox"/> \$2MM/\$2MM | <input type="checkbox"/> \$5MM/\$5MM | <input type="checkbox"/> \$8MM/\$8MM | <input type="checkbox"/> \$20MM/\$20MM |
| <input type="checkbox"/> \$2MM/\$4MM | <input type="checkbox"/> \$5MM/\$10MM | <input type="checkbox"/> \$8MM/\$16MM | |

Deductible Amount: \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Higher

Select which franchise organization the applicant is member of:

- None Stanley Steemer Paul Davis Servpro Service Master
 Rytech Rainbow International Chemdry Puroclean Other

If Other, which one? _____



SCOPE OF SERVICES (If Coverage is Requested for ALL PROJECTS)

Does applicant perform any Build Back/Restoration work that is NOT associated with mold remediation or fire/water damage? Yes _____ No _____

If YES, what percent of total operations is it? _____ %

How many years has applicant performed fire/water restoration services? _____

Provide a detailed description of all contracting services performed and types of projects in which applicant is typically involved. (Sufficient to help the underwriter understand exactly what the applicant does)

PROJECTED ANNUAL SALES FOR EACH CONTRACTING CATEGORY

	Projected Sales	%SubContracted
Carpentry	\$ _____	_____ %
Carpet/Upholstery Cleaning	\$ _____	_____ %
Concrete/Masonry (Foundation)	\$ _____	_____ %
Concrete/Masonry (Other)	\$ _____	_____ %
Debris Removal	\$ _____	_____ %
Demolition (Interior)	\$ _____	_____ %
Drying/Water Extraction	\$ _____	_____ %
Drywall/Wallboard	\$ _____	_____ %
Electrical	\$ _____	_____ %
Flooring	\$ _____	_____ %
HVAC	\$ _____	_____ %
Insulation	\$ _____	_____ %
Mold Remediation/Abatement	\$ _____	_____ %
Painting (Exterior)	\$ _____	_____ %
Painting (Interior)	\$ _____	_____ %
Plumbing	\$ _____	_____ %
Roofing (Hot Tar)	\$ _____	_____ %
Roofing (Other)	\$ _____	_____ %
Siding	\$ _____	_____ %
Total Projected Sales:	\$ _____	

APPROXIMATE PERCENTAGE OF PROJECTED SALES BY PROPERTY CLASS

Commercial	_____ %
Residential	_____ %
Industrial	_____ %
Government	_____ %
Other	_____ %

APPROXIMATE PERCENTAGE OF WORK DONE FOR:

Insurance Companies	_____ %
Owner acting as contractor	_____ %

COMPANY PROFILE

Is applicant a start-up company? Yes _____ No _____

If NO, Total revenue for the prior 12-month period: \$ _____
Total revenue for the second prior year: \$ _____
Total revenue for the third prior year: \$ _____

Does applicant have any branch locations? Yes _____ No _____

If YES, List branch locations:
Address City, State, Zip

Does applicant have a Parent Company? Yes _____ No _____

Does applicant have any Subsidiaries? Yes _____ No _____

Does applicant have any Other related entities? Yes _____ No _____

If YES to any of the three above, describe all related entities: _____

Has applicant sold, acquired, abandoned or discontinued any operations in the last 5 years? Yes _____ No _____

If YES, please explain: _____

Has applicant's name or form of business entity changed, or has any other person or entity been purchased by or merged with or consolidated into applicant? Yes _____ No _____

If YES, please detail changes in chronological order since inception: _____

Are any Joint Ventures being proposed for coverage under this policy? Yes _____ No _____

If YES, please explain: _____

Does any one project or contract generate more than 25% of annual receipts? Yes _____ No _____

If YES, please explain: _____

Does applicant do any work in foreign countries? Yes _____ No _____

If YES, what percentage of total contracting sales are from FOREIGN projects? _____%
Please detail foreign operations _____

Does applicant share employees? Yes _____ No _____

If YES, please explain: _____

Does applicant select or arrange, on behalf of clients, the disposal site of hazardous or non-hazardous wastes? Yes _____ No _____

If YES, please explain: _____

Does applicant own, operate or lease licensed waste treatment, storage or disposal facilities? Yes _____ No _____

Have there been any significant changes in business strategy over the past year? Yes _____ No _____

If YES, please explain: _____

Restoration Contractors Application

Have there been any significant changes in management over the past year? Yes _____ No _____
If YES, please explain: _____

Is the applicant providing any services not provided last year? Yes _____ No _____
If YES, please explain: _____

What percentage of the applicant's work is with repeat customers? _____ %

PERSONNEL

Account for each person once, by primary function:

Number of Principals _____

Number of Supervisors/Foreman _____

Number of Field Personnel _____

Number of Office Personnel _____

LOCATION OF OPERATIONS

Specify the percentage of gross receipts in the U.S. attributable to each state:

State	Estimated % of Gross Receipts
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

SUBCONTRACTOR CONTROLS

Does applicant use subcontractors? Yes _____ No _____

How often does applicant require them to have Pollution Liability insurance?
 Never 25% or less 26%-50% 51%-75% 76%-99% 100%

If ANY (except Never):

Minimum Limits of Liability applicant requires of sub's for General Liability: _____

Minimum Limits of Liability applicant requires of sub's for Pollution Liability: _____

How often is applicant named as an Additional Insured on subcontractor's policies?
 Never 25% or less 26%-50% 51%-75% 76%-99% 100%

How often are current Certificates of Insurance received from subcontractors prior to performance of work?
 Never 25% or less 26%-50% 51%-75% 76%-99% 100%

How often are subcontractors hired under written contract?
 Never 25% or less 26%-50% 51%-75% 76%-99% 100%

How often are total defense and indemnity agreements obtained from subcontractors?
 Never 25% or less 26%-50% 51%-75% 76%-99% 100%

How often does applicant enter into written contracts where applicant assumes liability?
 Never 25% or less 26%-50% 51%-75% 76%-99% 100%

CURRENT GENERAL LIABILITY

Carrier Name _____
 Per Occurrence Limit \$ _____
 Aggregate Limit \$ _____
 Expiration Date _____
 Deductible/SIR \$ _____
 Current Retro Date (if any) _____
 Expiring GL Premium \$ _____

CURRENT CONTRACTOR'S POLLUTION LIABILITY

Does applicant have Contractor's Pollution Liability coverage? Yes _____ No _____
 If YES, is pollution coverage provided on a combined form with the GL? Yes _____ No _____

If NO,

Carrier Name _____
 Per Occurrence Limit \$ _____
 Aggregate Limit \$ _____
 Expiration Date _____
 Deductible \$ _____
 Current Retro Date (if any) _____
 Expiring CPL Premium \$ _____

CONTRACTING PROCEDURES

What percentage of applicant's projects have a signed contract prior to the start of work? _____ %
 How does applicant evaluate clients before entering into a contract? _____

 How does applicant evaluate a contract? _____

 Who has authority to sign contracts? _____

AIR DUCT CLEANING

Will applicant perform HVAC duct cleaning? Yes _____ No _____
 If YES, explain the guidelines applicant will follow: _____

 Will applicant introduce biocides into the HVAC system? Yes _____ No _____
 Is applicant licensed to use biocides? Yes _____ No _____

FINAL CLEARANCE

Who establishes final clearance criteria? _____

Are final clearance criteria always established before fungus remediation begins? Yes _____ No _____

Has applicant ever failed to achieve final clearance the first time? Yes _____ No _____

If YES, after Re-Cleaning? Yes _____ No _____

If YES, after more than 3 times? Yes _____ No _____

If YES, please explain: _____

MOLD REMEDIATION OPERATIONS

What is the minimum level of respiratory protection applicant uses for mold/fungus remediation work?

What is the minimum number of air changes per hour in applicant's HEPA filtered negative air containment enclosures for use during mold/fungus remediation? _____

Are the conditions that caused mold/fungus contamination always corrected before applicant begins mold/fungus remediation? _____

Describe applicant's use of water misting as a form of mold spore release control during remediation:

MOLD CONTAMINATED CONTENTS

Describe the on-site and off-site areas where applicant performs cleaning of mold contaminated contents: _____

What additional steps does applicant take when contents are cleaned off-site? _____

MOLD PREVENTION

Does applicant already have a written mold prevention program in place? Yes _____ No _____

Contact Name: _____

CLAIMS

Have any claims been made against the applicant or reported under any other Contractor's Pollution Liability policies? Yes _____ No _____

If YES, please report claims experience:

Claim Date	Description	Open Claim	Amount Paid	Amt Reserved	Date Valued
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____

Has applicant had any previous mold and/or water damage claims on their CGL policy? Yes _____ No _____

If YES, please explain _____

It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage, unless expressly provided otherwise in the policy or by endorsement. Yes _____ No _____

Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for whom coverage is being sought? Yes _____ No _____

If YES, please explain: _____

It is agreed that if such knowledge exists, any claim arising from such fact, circumstance or situation is excluded from this proposed coverage unless expressly provided otherwise in the policy or by endorsement. Yes _____ No _____

Has any policy or coverage declined, cancelled or non-renewed during the prior three years? Yes _____ No _____

If YES, please explain: _____

Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes _____ No _____

If YES, please explain: _____

ADDITIONAL DETAILS

Is there any additional information you would like the underwriter to consider, such as additional explanations, special coverage needs, etc.?
