



APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

## RESTORATION AND MOLD CONTRACTORS APPLICATION

### SECTION A: APPLICANT INFORMATION

APPLICANT

MAILING ADDRESS		CITY	STATE	ZIP CODE
PHYSICAL ADDRESS IF DIFFERENT		CITY	STATE	ZIP CODE
CONTACT NAME	CONTACT E-MAIL	CONTACT PHONE #	WEBSITE ADDRESS	
COMPANY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify) <input style="width: 100px;" type="text"/>				

PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

### SECTION B: PERSONNEL

<p>1. Number of Officers/Directors <input style="width: 80px;" type="text"/></p> <p>2. Number of Other Key Personnel <input style="width: 80px;" type="text"/></p> <p>3. Total Number of Personnel <input style="width: 80px;" type="text"/></p> <p>4. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>	<p>PLEASE ATTACH A STATEMENT OF QUALIFICATIONS/ RESUME FOR ALL OFFICERS, DIRECTORS AND KEY PERSONNEL LISTED.</p>
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### SECTION C: HISTORY OF COMPANY

1. Date Established	2. Does the applicant have <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities If yes, explain:
3. Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
5. Is the applicant a member of a Franchise Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? <input style="width: 150px;" type="text"/>	

### SECTION D: REQUESTED COVERAGE Renewal New Business

COVERAGES	MOLD	LIMITS	DEDUCTIBLE	PROPOSED RETRO
<input type="checkbox"/> CGL				
<input type="checkbox"/> CPL Claims Made	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> CPL Occurrence	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Crawford <input type="checkbox"/> Alacrity <input type="checkbox"/> Hired & Non-Owned Auto <input type="checkbox"/> TPL Endorsement <input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/>				

### SECTION E: CURRENT/PRIOR LIABILITY CARRIER INFORMATION

COVERAGES	CARRIER	MOLD	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
<input type="checkbox"/> CGL						
<input type="checkbox"/> CPL Occurrence		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> CPL Claims Made		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Professional Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>TOTAL PREMIUM PACKAGE POLICY</b>						

**SECTION F: GROSS RECEIPTS PAST THREE (3) FISCAL YEARS**

	FISCAL YEAR	RECEIPTS	<p><b>Note: <u>Gross Receipts</u> are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under "Other" (be specific).</b></p>
1 <sup>st</sup> prior year			
2 <sup>nd</sup> prior year			
3 <sup>rd</sup> prior year			

**SECTION G: EMERGENCY RESPONSE, MOLD & ENVIRONMENTAL CONTRACTING**  Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Abatement Contracting - Mold			Trucking – Hazardous Materials		
Air Duct Cleaning			Waste Contracting – Hazardous Materials		
Debris Removal (Hazardous Materials)			Waste Contracting – Non-Hazardous Materials		
Debris Removal (Non Hazardous/Waste)			Water Extraction		
Emergency/Spill Response – Fire (No Build Back)			Other (Specify )		
Liquid Waste Management and Treatment			Other (Specify )		
Mold Prevention			Other (Specify )		
Sewage Waste Remediation			<b>TOTALS</b>		

**SECTION H: RECONSTRUCTION OF PROPERTY DAMAGED BY FIRE/WATER/MOLD**  Check here if this section does not apply  
**INCLUDE ONLY BUILD/BACK OPERATIONS ASSOCIATED WITH FIRE/WATER/MOLD DAMAGE**

Build/ Back Restoration			Interior Demolition/by Hand (more than 6 stories)		
Carpentry			Interior Demolition/by Hand (not more than 6 stories)		
Carpet, Rug, Furniture or Upholstery Cleaning			Janitorial Contents Cleaning		
Concrete Construction – Foundation Work			Painting		
Drywall or Wall Installation			Plastering or Stucco Work (No EIFS)		
EIFS			Plumbing		
Electrical Contracting			Roofing		
Exterior Demolition of 4 Story Building			Other (Specify)		
Floor Covering Installation – Not Ceramic or Stone Tiles			Other (Specify )		
Framing			Other (Specify )		
HVAC			Other (Specify )		
Industrial Cleaning, Maintenance			<b>TOTALS</b>		

**SECTION I: MOLD, MILDEW, FUNGUS CONSULTING/LABORATORY**  Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Mold Analytical Laboratories			Other Mold Operations (Specify )		
Mold Consulting			Other Mold Operations (Specify )		
Mold Inspection			Other Mold Operations (Specify )		
Mold Post Remediation Sampling			Other Mold Operations (Specify )		
Project Remediation Mold Design			<b>TOTALS</b>		

**SECTION J: DO YOU PERFORM ANY OPERATIONS NOT RELATED TO RESTORATION AND MOLD CONTRACTING?**  Yes  No  
**INCLUDE ALL REMODELING AND BUILD/BACK NOT ASSOCIATED WITH FIRE/WATER/MOLD DAMAGE**

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
			TOTALS		
<b>TOTAL REVENUE FOR ALL OPERATIONS</b>					

**SECTION K: SUBCONTRACTED OPERATIONS**  Check here if this section does not apply

- Total percent of all work subcontracted to others:
- Do you require a Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors?  Yes  No
- Does your Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors contain?
  - Hold Harmless & Indemnification Clause in your Favor
  - Detailed Scope of Services Clause
  - Requirement that you be named as an Additional Insured on their CGL policy
  - Requirement that you be granted a Waiver of Subrogation on their CGL policy
- Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors  
 Commercial General Liability  Contractors Pollutions Liability  Professional Liability
- Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors?  
 Yes  No
- Does your firm collect Certificates of Insurance from all Subcontractors?  Yes  No

**SECTION L: OPERATIONS/PROCEDURES**

- Please list all states where your perform operations:  
 If you perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties?  Yes  No If yes, what percent?
- How many years have you performed Fire/Water/Damage Restoration Work and or/Mold Remediation Operations?
- Do you have current mold training certification?  Yes  No If yes, please attach copies of the certifications.

**SECTION M: CLAIMS**

- Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General liability, Contractor's Pollution Liability or Professional Liability policies?  Yes  No

	Total Incurred	Number of Claims	Valuation Date	Include Loss & Expenses Paid & Reserved
Current Year				
1 <sup>st</sup> Prior Year				
2 <sup>nd</sup> Prior Year				
3 <sup>rd</sup> Prior Year				
4 <sup>th</sup> Prior Year				

- Has any claim, suit or notice of incident been made against the firm or any staff member?  Yes  No  
 If yes, please attach full details on each incident.
- Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member?  Yes  No  
 If yes, please attach full details on each incident.

**FRAUD WARNING: APPLICABLE TO ALL STATES**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**WARRANTY STATEMENT**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

**NOTICE TO APPLICANTS:**

- a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Date:

Title: