



# Restoration and mold contractors application

<b>Application date:</b>	<input type="text"/>	<b>Need by date :</b>	<input type="text"/>
<b>Proposed effective date:</b>	<input type="text"/>		

## Section A: Applicant information

Applicant:					
Mailing address	City	State	Zip code		
Physical address if different	City	State	Zip code		
Contact name	Contact email	Contact phone #	Website address		
Company is:	Individual	Corporation	LLC	Partnership	Other (specify)
Provide brief description of applicant's operations:					

## Section B: Personnel

1. Number of officers/directors
2. Number of other key personnel
3. Total number of personnel
4. Has any officer of the company ever been subject of disciplinary action by authorities as result of professional or contracting activities? Yes No

Please attach a statement of qualifications/resume for all officers, directors and key personnel listed.

## Section C: History of company

1. Date established	2. Does the applicant have Other related entities If yes, explain:	Subsidiaries	A parent company
3. Do you share employees?	Yes	No	If yes, explain:
4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years?	Yes	No	If yes, explain:
Is the applicant a member of a franchise organization? Yes No If yes, which one?			

## Section D: Request coverage

Coverages	Mold		Renewal	Deductible	New business
	Yes	No	Limits	Proposed retro	
CGL	Yes	No			
CPL claims made	Yes	No			
CPL occurrence	Yes	No			
Professional liability	Yes	No			
Other	Yes	No			
<b>Crawford</b>	<b>Alacrity</b>	<b>Hired &amp; non-owned auto</b>	<b>TPL endorsement</b>	<b>Other (specify)</b>	

## Section E: Current/prior liability carrier information

Coverages	Carrier	Mold		Limits	Deductible	Retro	Premium
		Yes	No				
CGL		Yes	No				
CPL occurrence		Yes	No				
CPL claims made		Yes	No				
Professional liability		Yes	No				
Other		Yes	No				
Total premium package policy							

## Section F: gross receipts past three (3) fiscal years

	Fiscal year	Receipts	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
1 <sup>st</sup> prior year			
2 <sup>nd</sup> prior year			
3 <sup>rd</sup> prior year			

			category. List services not described below under "other" (be specific).		
<b>Section G: Emergency response, mold, &amp; environmental contracting</b>					Check here if this section does not apply
Operations	Projected gross revenue	% subbed to other	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>		
<b>Section H: reconstruction of property damaged by fire/water/mold include only build/back operations associated with fire/water/mold damage</b>					Check here if this section does not apply
Build/ Back Restoration	Projected gross revenue	% subbed to other	Operations	Projected gross revenue	% subbed to others
Carpentry			Interior Demolition/by Hand (more than 6 stories)		
Carpet, Rug, Furniture or Upholstery Cleaning			Interior Demolition/by Hand (not more than 6 stories)		

Concrete Construction – Foundation Work			Janitorial Contents Cleaning		
Drywall or Wall Installation			Painting		
EIFS			Plastering or Stucco Work (No EIFS)		
Electrical Contracting			Plumbing		
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>		

<b>Section I: Mold, mildew, fungus consulting/laboratory</b>	Check here if this section does not apply
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Operations	Projected gross revenue	% subbed to other	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>		

## Total revenue for all operations

1. Total percent of all work subcontracted to others:
2. Do you require a Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors?  
Yes No
3. 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
4. Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors  
Commercial General Liability Contractors Pollutions Liability Professional Liability
5. Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors?  
Yes No
6. Does your firm collect Certificates of Insurance from all Subcontractors? Yes No

1. Please list all states where you 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?
2. How many years have you performed Fire/Water/Damage Restoration Work and or/Mold Remediation Operations?
3. Do you have current mold training certification? Yes No If yes, please attach copies of the certifications.

1. 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
2. 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
3. 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**


**Title**

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**Title**