



# COVID – 19 supplemental application

---

1. Applicant's Name: \_\_\_\_\_

---

2. How many years have you performed biohazard cleanup or other disinfection services? \_\_\_\_\_

---

3. Please list and describe any training classes you've attended applicable to COVID-19 response actions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

4. Please check the box next to any type of location where you will be providing COVID-19 response actions:

<input type="checkbox"/>	Assisted Living Facilities
<input type="checkbox"/>	Schools (including daycare facilities)
<input type="checkbox"/>	Public locations (including airports, bus or train stations)
<input type="checkbox"/>	Residential locations (including apartments, condominiums, hotels and single-family homes)
<input type="checkbox"/>	Hospitals or any other type of medical facility
<input type="checkbox"/>	Any other type of commercial location

---

5. Does your standard contract used with clients contain a disclaimer or limitation of liability associated with viruses?      YES      NO  
Please provide copy of the contract.

---

6. What protocols do you follow when performing COVID-19 response actions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

7. Do you subcontract any COVID-19 response actions to others?      YES      NO

---

8. Do you have on hand and utilize proper PPE for COVID-19 response actions?      YES      NO

---

9. How much revenue do you project to earn in the next 12 months from COVID-19 response actions? \_\_\_\_\_

---

---

**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.

---

<b>Signature:</b>		<b>Date:</b>	
<b>Title:</b>			