



## RESTORATION CONTRACTOR APPLICATION

**PLEASE COMPLETE EVERY SECTION**

### APPLICANT INFORMATION

Applicant:			Proposed Effective Date:		
Physical Address:		City:	State:	Zip:	
Mailing Address:		City:	State:	Zip:	
Contact Name:	E-Mail:		Phone:		
Website Address:					
Company Operates As:    Individual    Corporation    LLC    Partnership    Other (Describe):					
Member of a Franchise:    Yes    No    If Yes, what franchise:					
Do you have any:    Subsidiaries    A Parent Company    Other Related Entities					
If yes, please describe					

### COMPANY HISTORY

Year Business Started:		Year of Owners' Experience:	
Federal Employer ID Number:			
Personnel:	Number of Officers/Directors		
	Number of Other Key Personnel		
	Total Number of Personnel		
Has any officer of the company been subject to disciplinary action because of professional or contracting activities?			Yes    No
If yes, please explain:			
Does the Applicant Share employees with any other business?			Yes    No
If yes, please explain:			
Have there been any acquisitions, consolidations, dissolutions, or mergers in the last 5 years?			Yes    No
If yes, please explain:			
Is the Applicant a Subsidiary of any other company?			Yes    No
If yes, please explain:			
Has any insurer cancelled, declined, restricted and/or refused to renew any coverage in past 5 years?			Yes    No
If yes, please explain:			
Does the Applicant have a current mold training certification(or similar certification)?			Yes    No

### REQUESTED COVERAGE

Commercial General Liability (CGL)	Contractors Pollution Liability (CPL)	Professional Liability(PL)
Limits of Insurance Requested: Each Occurrence/Claim \$	Aggregate \$	Deductible \$
Do you want coverage for Mold/Fungi exposures:    Yes    No		
Retroactive Date (as applicable)		

### CURRENT/PRIOR POLICY INFORMATION

General Liability		Contractors Pollution Liability		Professional Liability	
Carrier		Carrier		Carrier	
Occurrence Limit		Occurrence Limit		Occurrence Limit	
Aggregate Limit		Aggregate Limit		Aggregate Limit	
Deductible		Deductible		Deductible	
Expiration Date		Expiration Date		Expiration Date	
Retroactive Date		Retroactive Date		Retroactive Date	
Premium		Premium		Premium	

**GROSS RECEIPTS FOR PAST 3 YEARS****Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deduction.**

	Year	Gross Receipts	Total Payroll
Projected			
Current			
1 <sup>st</sup> Prior			
2nd Prior			

**EMERGENCY RESPONSE, MOLD & ENVIRONMENTAL CONTRACTING****Check here if this does not apply \_\_\_\_\_**

Operations	Projected Revenue	% Subbed to Others
Air Duct Cleaning		
Asbestos Abatement		
Debris Removal – Hazardous		
Debris Removal – Non-Hazardous		
Emergency Response – Fire (No Build Back)		
Lead Abatement		
Liquid Waste Management & Treatment		
Mold Abatement - Commercial		
Mold Abatement - Residential		
Mold Prevention		
Sewage Waste Remediation		
Smoke / Odor Removal		
Trauma/Crime Scene Cleanup		
Trucking – Hazardous Materials		
Waste Contracting – Hazardous Materials		
Waste Contracting – Non-Hazardous Materials		
Water Extraction		
Other (Describe)		
Totals for Emergency Response		

**RECONSTRUCTION OF PROPERTY DAMAGED BY FIRE, WATER, MOLD****Click here if this does not apply \_\_\_\_\_**

Operations	Projected Revenue	% Subbed to Others
Carpentry		
Carpet, Rug, Furniture & Upholstery Cleaning		
Concrete		
Drywall / Wallboard Installation		
Demolition – Interior – Less than 6 stories		
Demolition – Interior – More than 6 stories		
Demolition - Exterior – Less than 4 stories		
Demolition – Exterior – More than 4 Stories		

Electrical Contracting		
Floor Installation – Not ceramic		
Floor Installation – Ceramic		
Framing		
HVAC		
Insulation		
Maintenance/Janitorial Commercial Cleaning		
Contents Cleaning		
Painting		
Plastering or Stucco – No EFIS		
Plastering or Stucco – EFIS		
Plumbing		
Roofing		
Siding/Window Installation		
Other (Explain)		
Other (Explain)		
TOTALS FOR BUILDBACK RESTORATION		

#### PROFESSIONAL SERVICES

Check Here if this section does not apply \_\_\_\_\_

Services	Projected Revenue	% Subbed to Others
Asbestos and/or Lead Consulting		
Mold Analytical Laboratories		
Mold Consulting		
Mold Inspection		
Post Remediation Sampling		
Remediation Project Design		
Other (Explain)		
TOTALS FOR PROFESSIONAL SERVICES		

#### OPERATIONS NOT RELATED TO RESTORATION AND MOLD CONTRACTION

Check Here if this section does not apply \_\_\_\_\_

Operations	Projected Revenue	% Subbed to Others

**SUBCONTRACTORS**

Check here if this section does not apply \_\_\_\_\_

Total Percentage of all work subcontracted to others:		
When hiring subcontractors and/or subconsultants do you:		
Require them to have General Liability Insurance?	Yes	No
Require them to have Contractors' Pollution Liability, Including coverage for Mold/Fungus?	Yes	No
Allow subcontractors and/or subconsultants work without providing you a certificate of insurance?	Yes	No
Require to be named as an Additional Insured on the subcontractors and/or subconsultants policies?	Yes	No
Sign a contract and obtain Waivers of Subrogation and Hold Harmless Agreements?	Yes	No
Verify all hired subcontractors and/or subconsultants have their own Workers Compensation coverage?	Yes	No
Do you collect certificates of insurance from all subcontractors prior to them beginning any work?	Yes	No

**LOCATION OF OPERATIONS**

Please list all states where you operate:			
If you perform any operations in New York State do you conduct any operations in 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 %			
Do you perform any work outside of the U.S.?	Yes	No	If yes, what percentage

**TYPES OF CLIENTS AND PROJECTS**

Category	Percent	Category	Percent
<b>Types of Clients</b>			
Insurance carriers		Contractors	
Direct Repair Networks		Owners who act as their own contractor	
State or Local Government		Other: Explain	
<b>Types of Projects</b>			
Residential – Multifamily		Retail / Shopping Centers	
Residential – Single Family		Hotels / Hospitality	
Office / Commercial Building		Other (Explain)	

**CLAIMS**

If yes to any question below, please complete a claim supplement for each claim/incident

In the past 5 years have any claims been made or reported under any General, Pollution or Professional Policy?	Yes	No
Has any claim, suit or notice of incident been made against the firm or any staff member?	Yes	No
Are you aware of any circumstances, which may result in any clam, suit, or notice of incident?	Yes	No
Have you been subject to third party claims because of a pollution event from a non-owned disposal facility?	Yes	No
Has any employee been the subject of disciplinary action because of contracting or professional operations?	Yes	No

**FRANCHISES, MEMBERSHIP & ASSOCIATIONS****Please Check all that apply**

1-800 PACKOUTS		1-800 Water Damage		AdvantaClean	
Alacrity		Code Blue		Crawford Contractor Connection	
DKI		ICRA & Associates		IMACC	
Lionsbridge/CCA Global		Nexus Solutions Group, LLC		Paul Davis Restoration	
Puroclean		Rainbow International		RIA	
ServiceMaster		ServPro		Other;	

**REPRESENTATIONS AND SIGNATURE****WARRENTY 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.
- C. **NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.**
- D. This Application must be signed by an authorized partner, officer or other principal of Applicant shown on this Application.

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

# FRAUD WARNING

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICETO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TOPENNSYLVANIA APPLICANTS:** 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 subjects such person to criminal and civil penalties.

**NOTICE TO RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

**NOTICE TO ALL OTHER STATE APPLICANTS:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.