

**NEW BUSINESS APPLICATION**

**FIRE AND WATER RESTORATION CONTRACTORS  
LIABILITY APPLICATION**

**Instructions:**

1. Please answer all questions. If any section does not apply, please indicate with N/A.
2. If space is insufficient, attach additional sheets of paper
3. Have this Application signed and dated by an authorized owner, partner or director of the proposed first Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Applicant shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
4. Attach a list of Named Insured(s) to be covered under this policy and the relationship to the Applicant.
5. The following items must be included for a complete submission:
  - a. This Application
  - b. At least two years financial statements including profit and loss statement, balance sheet, and notes.
  - c. Currently valued general liability and contractor's pollution liability loss runs for the past four years.
  - d. Resumes/certifications of key personnel including any mold or restoration training certificates
  - e. Brochures/statement of qualifications
  - f. Sample contract used with clients, subcontractors and sub consultants

Please indicate which coverage you are seeking:

- Contractors Pollution Liability (CPL) only  
 Environmental Services Policy (ESP-Combined GL, CPL, E&O) Include ACORD 125 and 126 for General Liability

Section 1. General Information	
Named Insured:	Web site: Email:
Mailing Address:	
How many years has applicant performed fire and water restoration services?	
Is the applicant a franchise: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" which one?</b>	
Is the applicant directly or indirectly associated with, controlled by, or owned by another person or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Please give details</b>	
Has the 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 the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Please give details</b>	

Section 2. Coverage Requested						
Please list your current liability coverage information:						
Coverage	Carrier	Premium	Limits	Exp. Date	Deductible	Retro Date (if Claims Made)
Contractors Pollution [Select Basis]			[Select]		[Select]	mm/dd/yyyy or <input type="checkbox"/> F.P.A.
General Liability [Select Basis]			[Select]		[Select]	mm/dd/yyyy or <input type="checkbox"/> F.P.A.

Section 3. Current Liability Coverage Information						
Coverage Type	Carrier	Per Occ Limit	Aggregate Limit	Exp. Date	Deductible	Premium
General Liability		[Select]	[Select]		[Select]	
Contractors Pollution Liability		[Select]	[Select]		[Select]	
Professional Liability		[Select]	[Select]		[Select]	

<b>Section 4. Exposure History Please Provide Gross Revenue History</b>		
	Year	Revenues
Current / Projected	2009	
Expiring Year	2008	
First Prior Year	2007	
Second Prior Year	2006	
Third Prior Year	2005	

<b>Section 5: Operations</b>	
What is the geographical extent of the Applicant operations? Please provide state where services are performed:	
Please describe any operations or services that have been discontinued, sold or abandoned, or any operation that has been acquired:	
Have there been any significant changes in business strategy over the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any significant changes in management over the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant providing any services not provided last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant filed for bankruptcy in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "Yes" to any of the above questions please describe below</b>	

<b>Section 6. Breakout of Operations</b>					
What percentage of your work is derived from insurance carriers? %					
Please indicate the approximate percentage of your total gross revenues derived from the following categories					
Insurance Company	%	Industrial	%		
Insurance Service Providers (i.e. Crawford or Alacrity)	%	Restoration Clearing Houses	%		
Commercial	%	Federal Government	%		
Residential	%	State/Local Government	%		
Homebuilders	%	Other: [Please Specify]	%		
Plumbers	%	Other: [Please Specify]	%		
<b>Services</b>	<b>Total Gross Sales</b>	<b>Subcontracted %</b>	<b>Services</b>	<b>Total Gross Sales</b>	<b>Subcontracted %</b>
Mold Abatement Commercial		%	Painting		%
Mold Abatement Residential		%	Plumbing Commercial		%
Water Extraction/Drying Commercial		%	Plumbing Residential		%
Water Extraction/Drying Residential		%	Roofing		%
Carpentry		%	Siding and Window Installation		%
Drywall/Wallboard Installation		%	Interior Demolition		%
Electrical		%	Debris Removal		%
General Contracting Commercial		%	Concrete/Masonry		%
General Contracting Residential		%	Flooring		%
HVAC		%	Carpet/Upholstery Cleaning		%
Insulation		%	Janitorial		%
Crime Scene Clean-up		%	Drug Lab Clean-up		%
Duct Cleaning		%	Other: [Please Specify]		%
Sewage Clean up		%	Other: [Please Specify]		%

Section 7. Claims and Circumstance:	
Has the Applicant ever been subject to any claim by any client or other third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Please explain below.</b>
Has the Applicant ever been subject to any formal or informal disciplinary or enforcement action arising from any contracting operation or any action by any regulatory agency, or private party for any violations of any legal or professional standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Please explain below</b>
Does the Applicant have any knowledge of any claims or reasonably foreseeable potential claims arising from any contracting operations ever provided by Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Please explain below</b>
Does the Applicant have any knowledge of any release of any substance into the environment subsequent to the Applicant's operations from or at any project where the Applicant provided service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Please explain below</b>
Notes:	

FRAUD STATEMENT
Any person who knowingly and with the 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.

WARRANTY STATEMENT																
<p>The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the Policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a Policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application by the Applicant.</p> <p>The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.</p> <p><b>NOTE:</b> In applying for coverage, the Applicant agrees that in the event of covered losses, the Applicant will be required to be defended by an attorney appointed by the Company.</p> <p>The Applicant hereby acknowledges that the Applicant is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and in such event, the Company shall not be liable for claim expenses or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability.</p> <p>The Applicant hereby further acknowledges that the Applicant is aware that claim expenses that are incurred shall be applied against the deductible amount.</p> <p>The Applicant understands and accepts that the Policy applied for provides coverage on a "Claims-Made and Reported" basis for only those claims made against the Insured and reported to us while the Policy is in force and that coverage ceases with the termination of the Policy.</p>																
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Applicant's Name (Print):</td> <td style="width: 50%;">Applicant's Signature:</td> </tr> <tr> <td>Title:</td> <td>Date:</td> </tr> <tr> <td>City:</td> <td>State:</td> <td>Zip code:</td> <td>Telephone Number:</td> </tr> <tr> <td colspan="4">Producer:</td> </tr> <tr> <td colspan="4">Producer Signature:</td> </tr> </table>	Applicant's Name (Print):	Applicant's Signature:	Title:	Date:	City:	State:	Zip code:	Telephone Number:	Producer:				Producer Signature:			
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