



**LIU
Environmental**

Supplemental Mold Application for Contractor's Pollution Liability

INSTRUCTIONS

- Please answer all questions. If any section does not apply, please indicate with N/A. If more space is needed, please attach additional pages.
- This application must be signed and dated by an owner, principal or other duly authorized person.

1. Named Insured & Address (Street & P.O. Box):

2. Contact Name & Title:

3. Completed by (Name, Title & Phone number) and Date:

4. Has there been any claims or complaints relating to mold or indoor air quality? If yes, please provide a description of each such claim and complaint.

Yes No

5. Types of projects by percentage:

Condominiums:	%	Other Residential:	%
Commercial/Retail:	%	Industrial:	%
Mixed Use:	%		

6. Do standard contracts for construction services contain any limitations on liability with respect to mold? If so, please provide details.

Yes No

7. Does the company have a mold risk management process? If so, please describe or attach a copy of program description.

Yes No

8. Are employees trained in minimizing exposure of building materials to mold and to recognize moldy surfaces during construction? If so, please explain or attach a description

Yes No

9. Are materials protected to prevent exposure to moisture vapor and moisture from the air, ground and concrete?

Yes No

10. Are materials inspected for water damage and mold growth prior to installation?

Yes No

11. Is there a systematic mold inspection program conducted during construction?

Yes No

12. Is there a program in place to remove/replace installed organic or porous materials that have been exposed to moisture or mold?

Yes No

13. Are mold mitigation processes documented during construction?

Yes No

14. What are your standard operating procedures with respect to management of allegations or claims involving construction defects?

15. Is there any instruction or training provided to the owner or facilities manager prior to building turnover? Please describe or attach a copy of your program.

Yes No

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ANY PERSON WHO KNOWINGLY INCLUDED ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

APPLICANT _____
(signature of owner or officer)

Date:

APPLICANT
(print name & title):

BROKER
(print name of firm):

Date:

(address of brokerage firm):

(contact person & telephone number):