

51 Harvard Street  
Worcester, MA 01609  
Phone: 508-755-6210  
Fax: 508-753-0646  
www.quakerma.com

# Fire and Water Restoration Contractors 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 five years.
  - d. Resumes/certifications of key personnel including any mold training certificates
  - f. Brochures/statement of qualifications
  - g. Project list-including the ten largest jobs initiated in the last three years *including description of jobs*
  - h. Sample contract for use with clients, subcontractors and subconsultants

Please indicate which coverage you are seeking

- Contractors Pollution Liability (CPL) only  
 Environmental Services Policy (ESP-Combined GL, CPL, E&O)

I. General information			
1. Named Insured	Web site address		
2. Address (street and P.O. Box)			
City	State	ZIP code	
3. Telephone number	4. Fax number		
5. Contact name and title			
6. E-mail address	7. Proposed effective date of coverage		

8. Is the applicant a member of a franchised organization?  Yes  No If yes, which one?
9. How many years has the Applicant performed fire and water restoration services?
10. Named Insured is a  Partnership  Corporation  Joint venture  Other
11. Is the Applicant directly or indirectly associated with, controlled by, or owned by any other person or entity?  
 Yes  No If Yes, please discuss:
12. Does the Applicant directly or indirectly own, control or have liability for any other person or entity?  Yes  No
13. 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?  
 Yes  No
- If "Yes," please detail changes in chronological order since inception

## II. Coverage Information

14. Requested Limit of liability  

\$	Each claim	\$	Aggregate	\$	Deductible
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15. Please list your current liability coverage information
- | Coverage                                     | Carrier | Premium | Limits | Expiration | Deductible or SIR | Retroactive Date |
|----------------------------------------------|---------|---------|--------|------------|-------------------|------------------|
| Contractors Pollution Occurrence/Claims Made |         |         |        |            |                   |                  |
| General Liability                            |         |         |        |            |                   |                  |

## III. Exposure History

16. Please provide exposure history

Year	Revenues(\$)	Payroll(\$)	Employees (#)
Current/Projected	\$	\$	
Expiring	\$	\$	
First prior year	\$	\$	
Second prior year	\$	\$	
Third prior year	\$	\$	

## IV. Operations

17. What is the geographical extent of the Applicant operations? Please provide the state/county, where services are performed and associated percentage of revenue.

State/County	% of Revenue

18. Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired.

19. Have there been any significant changes in business strategy over the past year?

Yes  No

20. Have there been any significant changes in management over the past year?

Yes  No

21. Is the Applicant providing any services not provided last year?

Yes  No

If Yes to either questions 19, 20 or 21, please discuss:

**V. Breakout of operations**

22. Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients you contract with:

Category	Percent	Category	Percent
Commercial		Federal government	
Residential		State government	
Insurance Company		Local government	
Industrial		Other (Specify)	
Owners who act as their own contractors			

23. What percentage of your work is with repeat customers  %

24. Column A is the dollar value of Gross Receipts

Column B is the percent of Gross Receipts subcontracted

Column C is the dollar value of Payroll

	A- Total Projected Gross Receipts	B- What % of this work is subcontracted	C- Projected Payroll of applicant
Drying/Water Extraction			
Mold Remediation			
<i>Contracting Services</i>			
Carpentry			
Electrical			
Plumbing			
Roofing			
Siding			
Insulation			
HVAC			
Drywall			
Concrete/masonry			
Painting			
Interior Demolition/Debris Removal			
Flooring			
Other (please explain)			
<b>Total</b>			

## VI. Subcontractors

25. What percentage of the time are current certificates of insurance received from subcontractors prior to the performance of work?  <25%  25%-50%  51-75%  >75%  100%
26. What percentage of the time does the Applicant require subcontractors' policies to name you as an additional insured?  <25%  25%-50%  51-75%  >75%  100%
27. What percentage of the time are total defense and indemnity agreements obtained from your subcontractors?  <25%  25%-50%  51-75%  >75%  100%
28. Are subcontractors/subconsultants required to have pollution liability insurance?  Yes  No
29. What are the minimum limits of liability required for your subcontractors?  
General Liability \$  Pollution Liability \$
30. What percentage of the time are subcontractors hired under written contract?  <25%  25%-50%  51-75%  >75%  100%

## VII. Contracting Procedures

31. What percentage of your projects have a signed contract prior to the commencement of services? %
32. How do you evaluate clients before entering into a contract?
33. How do you evaluate your contracts?
34. Who has the authority to sign contracts?

## VIII. Mold remediation operations

35. What is the minimum level of respiratory protection you use for mold/fungus remediation work
36. What is the minimum number of air changes per hour designed into your HEPA filtered negative air containment enclosures for use during mold/fungus remediation
37. Are the conditions that caused mold/fungus contamination always corrected before you begin mold/fungus remediation
38. Describe your firm's use of water misting as a form of mold spore release control during remediation
39. Airduct cleaning
- a. Will you perform HVAC duct cleaning?  Yes  No
- b. If "Yes", what guidelines will you follow
- c. Will you introduce biocides into the HVAC system?  Yes  No
- d. Are you licensed to use biocides? If so, provide copy of license.

40. Final clearance

- a. Who establishes final clearance criteria?
- b. Are final clearance criteria always established before fungus remediation begins?  Yes  No
- c. Has your firm ever failed to achieve final clearance the first time?  
After recleaning?  Yes  No  
After more than three times?  Yes  No

41. Mold contaminated contents

- a. Describe the area, both on-site and off-site, where you perform cleaning of mold contaminated contents

- b. What additional steps do you take when contents are cleaned off-site

**IX. Claims and Circumstances**

- 42. Has the Applicant ever been subject to any claim by any client or other third party?  Yes  No

If "Yes," please discuss

- 43. Has the Applicant ever been subject to:

- a. Any formal or informal disciplinary or enforcement action arising from any contracting operations?
- b. Any action by any regulatory agency or any private party for any violation of any legal or any professional standard?

Yes  No

If "Yes," please discuss

- 44. Does the Applicant have any knowledge of any claims or reasonably foreseeable potential claims arising from:

- a. Any contracting operations ever provided by the Applicant?  Yes  No
- b. Any releases of any substance into the environment subsequent to the Applicant's involvement in the project, from or at any project where the Applicant ever provided contracting operations?  Yes  No

If "Yes," please discuss

**X. Warranty**

**AFTER REASONABLE INQUIRY, THE BELOW SIGNATORY ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGE IN THE CONTRACTING OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY.**

**ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.**

Applicant's signature

Applicant's name (please print)

Title

Date

Insurance representative

Name of firm

Address

City

State

ZIP code

Telephone number

Fax number

E-mail address

Surplus lines agent (SLA) (for the state where the named insured is domiciled)

Address

City

State

ZIP code

Surplus lines license number

E-mail address