



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Application for Fire and Water Restoration, Janitorial and Carpet Cleaner Contractors

EXPLANATION OF COVERAGE PORTIONS OFFERED

- I. **Commercial General Liability**
 - Bodily Injury & Property Damage - \$1,000,000 Per Occurrence, \$2,000,000
 - Products & Completed Operations - \$1,000,000 Per Occurrence, \$2,000,000 Aggregate
- II. **Pollution Liability**
 - Limit of \$1,000,000 Per Pollution Incident, \$2,000,000 Aggregate
- III. **“Fungi” (Mold) and Bacteria Liability**
 - Coverage Part III is written on a Claims-Made basis.
 - Limit of \$1,000,000 Per Fungi/Mold Incident, \$2,000,000 Aggregate

Policy has *separate* aggregate limits resulting in a total policy aggregate of \$8,000,000.

INSTRUCTIONS

1. Please fully complete this application. All questions applicable to your operations must be answered. If space on this form is insufficient to provide a complete answer, please attach information on separate sheets.
2. Application form must be signed and dated by owner, partner, or director/officer of your firm.

Proposed Effective Date: _____ Proposed Retroactive Date: _____ Date of application: _____

APPLICANT

Full name of entity: _____
 DBA Name: _____
 Street Name: _____
 City: _____ County: _____ State: _____ Zip: _____
 Email Address: _____ Website: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Company is: Individual Partnership Corporation Joint Venture LLC Other: _____
 Principal: _____ DOB: _____
 FEIN: _____ Social Security (if sole proprietor): _____
 Years in business: _____ Years performing fire & water restoration services: _____
 RIA (Restoration Industry Association) Member: _____ IICRC Certification: _____

1. Has the name of the firm been changed or has any other business been purchased or has any merger or consolidation take place? Yes No
 If yes, please detail changes in chronological order since inception: _____
2. Does the firm have: Subsidiaries A Parent Company Other Related Entities
 If yes, please describe: _____
3. Have there been any significant changes in operations, business focus or management over the past 2-3 years? Yes No
4. Has applicant had a foreclosure, repossession, bankruptcy, or filed for bankruptcy during the last five (5) years? Yes No

Address of any other locations for branch offices or subsidiaries:
 Mailing Address: _____
 (Street, City, State, Zip)

Please describe the general geographic areas where you primarily work. List states and percentage of your total operations performed in that state: _____

RECEIPTS AND OPERATIONS (Include all invoiced work for the appropriate period)

1. Total Receipts:
 Current Year: \$ _____ First Prior Year: \$ _____
 2nd Prior Year: \$ _____ 3rd Prior Year: \$ _____
2. Total receipts estimated for the next 12-month period: \$ _____
3. Breakdown of Projected Receipts:

Projected Next 12 Months Operations	Total Projected Gross Receipts	Percent of Work Subcontracted	Percent of Work for Insurance Companies	Payroll
Water Extraction/Drying	\$ _____	_____ %	_____ %	\$ _____
Mold Remediation	\$ _____	_____ %	_____ %	\$ _____
Carpet Cleaning/Janitorial	\$ _____	_____ %	_____ %	\$ _____
Asbestos Abatement	\$ _____	_____ %	_____ %	\$ _____
Reconstruction Related to Fire/Water Restoration	\$ _____	_____ %	_____ %	\$ _____
General Construction Unrelated to Fire/Water Restoration	\$ _____	_____ %	_____ %	\$ _____
Totals	\$ _____	_____ %	_____ %	\$ _____

CONTRACTING

1. Do you have an attorney who evaluates your contracts? Yes No
 If yes, who is your attorney: _____
2. Who has the authority to sign contracts: _____
3. Does the applicant have a procedure to handle mold related complaints? Yes No
4. Is there a written reporting process for water or mold related issues at job site? Yes No
5. Does the applicant conduct a property survey at the time the owner takes possession? Yes No
 Please provide a sample. _____
6. Who performs testing at the job sites? _____
7. Does the applicant subcontract to outside certified laboratories? Yes No
8. Does the applicant perform new ground-up construction? Yes No

REMEMBER TO INCLUDE A COPY OF YOUR STANDARD CONTRACT WITH YOUR APPLICATION.

CLAIMS HISTORY

1. Have any claims been previously made against the applicant or reported under any other General Liability or Contractor's Pollution? Yes No
2. Have any claims related to mold been previously made against the applicant? Yes No
 If yes, please explain: _____
3. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for which coverage is being sought? Yes No
 If yes, please explain: _____
4. Has any staff member or employees been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes No
 If yes, please explain: _____
5. Is statutory workers' compensation coverage carried in all states where applicant is exposed? Yes No

PRESENT INSURANCE COVERAGE

	General Liability	Pollution Liability
Carrier Name		
Limits	\$	\$
Deductible	\$	\$
Policy Dates	to	to
Premium	\$	\$
Occurrence or Claims Made		
Retroactive Date, if applicable		

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the Company's quotation and the Company's written agreement to be bound is required to bind coverage and to issue a policy. It is agreed that this form and any supplementary data shall be the basis of the contract should a policy be issued, and will be attached to the policy. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

NOTICE TO ARKANSAS APPLICANTS: Any person who, with intent to defraud or knowingly that he/she 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 which is a crime.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer, 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 MINNESOTA APPLICANTS: Any person who, with intent to defraud or knowingly that he/she 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 which is a crime.

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

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowingly that he/she 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 which is a crime.

NOTICE TO PENNSYLVANIA 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 TENNESSEE AND 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 may include imprisonment, fines or a denial of insurance benefits.

APPLICANT SIGNATURE:	DATE:
PRINT APPLICANT NAME:	
BROKER/AGENT NAME & LICENSE #:	DATE:

ADDITIONAL INFORMATION REQUIRED FOR THIS SUBMISSION IF COVERAGE IS BOUND:

- Training Certificates
- Current Financial Statement
- 5 years currently valued loss history
- Sample Client and Subcontractor contract forms
- Resumes of key personnel – only needed if the insured is a New Venture