



EVEREST.

LIABILITY INSURANCE FOR
RESTORATION & MOLD CONTRACTORS

APPLICATION REQUIREMENTS

1. Restoration & Mold Contractors Application - complete all questions in full.
2. In SECTION V, please list your estimated gross receipts *including subcontracted work* for the next 12 months next to the appropriate category. List and describe services not described under "Other" (be specific). If you do not fully complete this question we will be unable to evaluate your account.
3. Resumes and proof of restoration and/or mold training.
4. Standard client contract used on mold projects. (Not required for national franchise groups or if less than 50% of gross receipts are from mold remediation)
5. If you are applying for Contractors Pollution Liability (CPQ only please attach proof of \$1 mm Commercial General Liability coverage with an A rated carrier.
6. 5 year currently valued CGL loss runs and currently valued pollution liability loss runs (if pollution coverage is or has been in place during the past 5 years)
7. A copy of the expiring pollution liability policy showing the retroactive date (not required if retroactive coverage is not requested).
8. Include a copy of your most current annual financial statement including income statement. (Not required for start up companies).

Incomplete submissions will be declined



EVEREST ENVIRONMENTAL FACILITY RESTORATION & MOLD CONTRACTORS APPLICATION

(Do not use this application unless you are a Fire Water Restoration or Mold Contractors)

PLEASE ANSWER ALL QUESTIONS IN FULL NOTICE: If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

SECTION I - GENERAL INFORMATION			
Applicant:			
Address:			
City:		State & Zip Code:	
Phone Number:		Fax Number:	
Date:		E-Mail Address:	
Company:	Individual Partnership _____	Corporation Joint Venture _____	Other _____

SECTION II – COVERAGE INFORMATION			
1. COVERAGE REQUESTED:		2. PROPOSED EFFECTIVE DATE:	
a. New Business:			
b. Renewal:			
3. PLEASE INDICATE WHICH COVERAGE FORMS YOU ARE REQUESTING:			
a. Contractors Pollution Liability		Yes	No
b. Commercial General Liability		Yes	No

c. Professional Liability				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d. Motor Vehicle Pollution Liability (Please attach MVPL Supplement)				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e. Motor Vehicle Pollution Liability				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f. Other – Please List				
4. REQUESTED LIMITS OF INSURANCE: \$ _____ Per Occurrence \$ _____ Annual Aggregate \$ _____ Deductible				
5. CURRENT POLICY'S RETROACTIVE DATE: a. Contractors Pollution Liability (Current Retroactive Date) _____ b. Commercial General Liability (Current Retroactive Date) _____ c. Professional Liability (Current Retroactive Date) _____				

SECTION III – PRIOR CARRIER INFORMATION

1. Carrier:	2. Coverage Form:
3. Limits of Liability:	4. Deductible:
5. Retroactive Date:	6. Premium:
7. Any policy or coverage declined, cancelled or non-renewed during the prior three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please explain:	

SECTION IV –COMPANY INFORMATION

1. Date Established:

2. Web Address:

3. Have there been any acquisitions, consolidations, dissolutions, mergers?

Yes No

If Yes, please explain:

4. Does the firm have subsidiaries?

Yes No

If Yes, please explain:

5. Does the firm have a parent company?

Yes No

If Yes, please explain:

6. Does the firm have other related entities?

Yes No

If Yes, please explain:

7. Do you share employees?

Yes No

If Yes, please explain:

8. List any Entities that require that they be named as an Additional Insured or have other CPL Coverage Requirements (Please attach a copy of their Insurance Requirements):

___ Crawford & Co. and/or Crawford Contractor Connection

Est. Annual Gross Sales \$ _____

___ Alacrity Services, LLC

Est. Annual Gross Sales \$ _____

Others (Please list):

Est. Annual Gross Sales \$ _____

9. Is the applicant a member of a Franchise Organization

Yes No

If Yes, which one:

10. Total Personnel (List each person only once by primary function):

a. Architects, Engineers, Toxicologists, CIHs or CSPs:

b. Draftsman or Technicians:

c. Supervisors / Foreman/Lead Men:

d. Laborers:

f. Other (specify):

NOTE: PLEASE ATTACH ALL KEY PERSON(S), RESUMES, CERTIFICATIONS AND LICENSES

11. Do you perform Mold Remediation, Project Supervision work for others?

Yes No

12. Do you perform any installation, maintenance or repair operations related to Artificial Stucco, EIFS OR Exterior Installation and Finish Systems?

Yes No

13. Are you involved in any way in the construction of any building(s), structure(s) or addition(s)

Yes No

If Yes, please explain:

14. How many years has the applicant performed Fire & Water Damage Restoration and/or Mold Remediation Operations?

15. Subcontractors/Sub contractors/Independent Contractors – Do you subcontract any service to any entity? Yes No

If Yes, please identify the sources that are performed on your behalf by others UNDER written contract Applicable Cost _____

If Yes, please identify the sources that are performed on your behalf by other WITHOUT written contract Applicable Cost _____

16. Does your Standard Contract with your Sub consultants Subcontractors/Independent Contractors contain (Please provide us with copy of your standard contract):

a. Hold Harmless & Indemnification Clause in your favor?				
	Yes		No	
b. Detailed Scope of Services Clause?				
	Yes		No	
c. Requirement that you be named as an Additional Insured on their CGL Policy?				
	Yes		No	
d. Requirement that you be granted a Waiver of Subrogation on their CGL Policy?				
	Yes		No	

17. Describe the Minimum Insurance Requirements of your Sub consultants/ Subcontractors/Independent Contractors:

a. Commercial General Liability \$ _____

b. Contractors Pollution Liability \$ _____

c. Professional Liability \$ _____

d. Does your firm collect Certificates of Insurance from all Subcontractors?

Yes No

18. Do you use a standard indemnity contract with all of your clients?

Yes No

If no please detail your contract procedures:

19. Do you operate an in-house laboratory?				
<p>If Yes, please answer What percentage of your overall sales is associated with this operation? the following:</p>	Yes	No		
20. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities?				
<p>If Yes, please explain:</p>	Yes	No		
21. Has any claim, suit or notice of incident been made against the firm or any staff member?				
<p>If Yes, please provide and attach full details on each incident:</p>	Yes	No		
22. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member?				
<p>If Yes, please provide and attach full details on each incident:</p>	Yes	No		

SECTION V – GROSS RECEIPTS INFORMATION

Gross Receipts (GR) for the past 3 fiscal years:

Prior Year 1 GR: \$

Prior Year 2 GR: \$

Prior Year 3GR: \$

IMPORTANT NOTE:

Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind. Please list your estimated gross receipts including subcontracted work for the next 12 months next to the appropriate category. List services not described below under "Other", (Please be specific):

EMERGENCY RESPONSE, MOLD & ENV. CONTRACTING	Projected Gross Receipts
Mold Remediation (Including related interior demolition)	\$
Water Extraction/Drying	\$
Sewage Cleanup	\$
Air Duct Cleaning	\$
Emergency Response (Fire - No Build Back)	\$
Debris Removal	\$
Other: (Describe)	\$
(Describe)	\$
(Describe)	\$
RECONSTRUCTION OF PROPERTY DAMAGED BY FIRE/ WATER/ MOLD	Projected Gross Receipts
Carpentry / Framing	\$
Concrete (Foundation)	\$
Concrete (Other)	\$
Drywall/Wallboard	\$
Electrical	\$
Flooring	\$
HVAC	\$
Interior Demolition (Not Related to Mold Remediation)	\$
Painting	\$
Plumbing	\$
Roofing	\$
Other: (Describe)	\$
(Describe)	\$
(Describe)	\$
OTHER CONTRACTING (Not Related to Fire After Mold Restoration)	Projected Gross Receipts
Carpet/Upholstery Cleaning	\$
Janitorial Cleaning	\$
Other: (Describe)	\$
(Describe)	\$

(Describe)	\$
TOTAL REVENUES FOR CONTRACTING SERVICES	\$
MOLD, MILDEW OR FUNGUS - CONSULTING / LABORATORY:	Projected Gross Receipts
Air Monitoring for Mold	\$
Indoor Air Quality Consulting - Mold	\$
Mold Inspection	\$
Mold Remediation Plan Design	\$
Post Mold Remediation Testing & Consulting	\$
Laboratory Analysis of Mold	\$
Other Mold Services - Describe:	\$
Describe:	\$
Describe:	\$
TOTAL REVENUES FOR PROFESSIONAL SERVICES	\$

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer of the applicant acknowledges that the insurer will rely upon the representations made by the applicant herein to determine whether to issue the requested policy of insurance and/or the premium to be charged for the requested insurance policy. 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

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.

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.

Signature:

Title:

Date:

FRAUD WARNING: APPLICABLE TO APPLICANTS IN ALL STATES

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 dollar and the stated value of the claim for such violation.