

Fire & Water Restoration Contractors Application

This application must be signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.

Please submit the following information in addition to this application:

- 1) Five years of currently valued loss runs for those lines of business that coverage is being requested.
- 2) Two years financials statements including balance sheet and income statement.
- 3) Certifications / licenses of all key personnel, including IICRC certificates.
- 4) Resumes of key personnel if you have been in business less than 3 years.
- 5) Sample of subcontractor agreement used.

APPLICANT INFORMATION

Named Insured(s) (include DBA name, if applicable, and any Additional Named Insureds as written on current or former policy, and for which coverage is being requested):

Street address:		City / State:		Zip code:	Phone number:	Fax number:
Mailing address if different from above (of first named insured):				Website address:		
				FEIN:		
Street address:		City / State:		Zip code:		
Contact E-mail:				Contact name & phone number:		
Year business started fire/water restoration operations: _____ years				Number of employees:		
Is applicant an industry group member subsidiary, or franchise of another entity? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what entity?						
Applicant operates as an:						
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe):						

COVERAGE REQUESTED

Check the box that applies:
 Environmental Combined Policy (GL, CPL & ECL)
 Environmental Consultants Liability (ECL) only
 Contractors Pollution Liability (CPL) only
 Contractors & Consultants Policy (CPL & ECL) combined

Limits of Insurance Requested:
 Each Occurrence/Claim \$ _____
 Aggregate \$ _____
 Deductible/SIR \$ _____

Proposed Effective date: _____
 Proposed Expiration date: _____

EXPIRING INSURANCE PROGRAM

General Liability		Contractors Pollution Liability		Professional Liability	
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>	
Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Claims Made	
Carrier:		Carrier:		Carrier:	
Limits:		Limits:		Limits:	
Deductible / SIR:		Deductible / SIR:		Deductible / SIR:	
Premium:		Premium:		Premium:	
Effective Dates:		Effective Dates:		Effective Dates:	
Retroactive Date:		Retroactive Date:		Retroactive Date:	

REVENUE HISTORY

Year	Total Gross Revenues (\$)	Total Payroll (\$)	Number of Employees
Projected	\$	\$	
Expiring	\$	\$	
First Prior	\$	\$	

OPERATIONS AND SERVICES

ENVIRONMENTAL CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	% Revenues Subcontracted	Projected Payroll of Applicant
Asbestos Abatement	\$	%	\$
Carpet Cleaning	\$	%	\$
Debris Removal	\$	%	\$
Duct Cleaning	\$	%	\$
Lead Abatement	\$	%	\$
Mold/Fungus Abatement – Commercial	\$	%	\$
Mold/Fungus Abatement – Residential	\$	%	\$
Pack-outs / Contents	\$	%	\$
Smoke / Odor removal	\$	%	\$
Sewage Cleanup	\$	%	\$
Trauma / Crime Scene Cleanup	\$	%	\$
Water Extraction	\$	%	\$
Other (explain):	\$	%	\$
CONSTRUCTION AND BUILD-BACK CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	% Revenues Subcontracted	Projected Payroll of Applicant
Carpentry / Drywall / Wallboard Installation	\$	%	\$
Concrete	\$	%	\$
Demolition - Exterior	\$	%	\$
Demolition - Interior	\$	%	\$
Electrical	\$	%	\$
Excavation/Grading	\$	%	\$
Flooring	\$	%	\$
HVAC	\$	%	\$
Insulation	\$	%	\$
Maintenance/Janitorial/Commercial Cleaning	\$	%	\$
Metal Erection	\$	%	\$
Painting	\$	%	\$
Plumbing - Commercial	\$	%	\$
Plumbing - Residential	\$	%	\$
Roofing – Commercial/Residential	\$	%	\$
Siding/Window Installation	\$	%	\$
Other (explain):	\$	%	\$
TOTAL FOR ALL CONTRACTING OPERATIONS	\$	%	\$

PROFESSIONAL SERVICES <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	% Revenues Subcontracted	Projected Payroll of Applicant
Analytical Laboratories	\$	%	\$
Asbestos and/or Lead Consulting	\$	%	\$
Construction Management	\$	%	\$
Environmental Consulting	\$	%	\$
Mold/Fungus Assessments/Testing/Consulting – Commercial	\$	%	\$
Mold/Fungus Assessments/Testing/Consulting – Residential	\$	%	\$
Other (explain):	\$	%	\$
TOTAL FOR ALL PROFESSIONAL SERVICES	\$	%	\$

BUSINESS PRACTICES

Does your firm have written quality control procedures? If yes, please include the table of contents with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have an in-house continuing education program? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written formal health and safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you engage in any operations, involving new installation of Exterior Insulation and Finishing Systems (EIFS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform air quality testing prior to, during and after remediation? If yes, who performs the testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What mold / fungus guidelines do you adhere to in the performance of abatement and/or assessments?	
Do you provide written warranties for your work?	
Do you do <u>new construction</u> work not associated with fire & water restoration? If so, what percentage of your annual gross revenues are associated with these operations: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you do <u>remodeling work</u> not associated with fire & water restoration? If so, what percentage of your annual gross revenues are associated with these operations: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you do building of single-family homes, multi-family homes, or commercial buildings? If so, how many of each per year: single family homes: multi-family homes: commercial blgs.:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any one project or contract represent more than 25% of your annual revenue? If so, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total number of staff

Architects or Engineers:	Clerical and Accounting Employees:
Project Managers:	Administrative Management:
Field Personnel:	Other:
Other than the above:	Number of Principals (included in listing above):

Subcontractors and Subconsultants

Indicate the percentage of work subcontracted out to others: %	And percentage of work subcontracted out to 1099 employees:	%
When hiring subcontractors and/or subconsultants, do you:		
Require them to have General Liability insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Require them to have Contractors' Pollution Liability, including coverage for Mold/Fungus?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Require to be named as an Additional Insured on the subcontractors and/or subconsultants' policies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sign a contract and obtain Waivers of Subrogation and Hold Harmless Agreements?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify all hired subcontractors and/or subconsultants carry their own Workers Compensation coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Geographical Extent

List below all states within which you operate, the operations and/or services performed and the percentage of work performed in each state:

State/Country	Operations and/or Services Performed	Percentage of work performed %
		%
		%
		%

Does the applicant perform operations / services in the state of New York? If yes, what percentage is performed in the 5 boroughs (Bronx, Manhattan, Brooklyn, Queens, and Staten Island), the Metropolitan region, or the counties of Nassau, Suffolk, Rockland, and Westchester? %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you engage in any work outside of the U.S.? If yes, what percentage? %	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Clients

Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients:

Category	Percent	Category	Percent
Insurance Carriers, from work related to fire/water restoration including F&W build-back work	%	Contractors	%
Direct Repair Networks, from work related to fire/water restoration including F&W build-back work	%	Owners who act as their own contractors	%
State or Local government	%	Other (explain):	%

Type of Projects

Please indicate the approximate percentage of your total gross revenues derived from the following types of projects:

Category	Percent	Category	Percent
Residential – Multifamily	%	Retail / Shopping Centers	%
Residential – Single Family / town homes	%	Hotels / Hospitality	%
Office / Commercial buildings	%	Other (explain):	%

Franchises, Membership & Associations

Please check all that apply:

1-800-PACKOUTS	<input type="checkbox"/>	Lionsbridge/CCA Global	<input type="checkbox"/>
1-800-Water Damage	<input type="checkbox"/>	Nexxus Solutions Group, LLC	<input type="checkbox"/>
AdvantaClean	<input type="checkbox"/>	Paul Davis Restoration	<input type="checkbox"/>
Alacrity	<input type="checkbox"/>	Puroclean	<input type="checkbox"/>
Code Blue	<input type="checkbox"/>	Rainbow International	<input type="checkbox"/>
Crawford Contractor Connection	<input type="checkbox"/>	RIA	<input type="checkbox"/>
DKI	<input type="checkbox"/>	Service Master	<input type="checkbox"/>
ICRA & Associations	<input type="checkbox"/>	ServPro	<input type="checkbox"/>
IMACC	<input type="checkbox"/>	Other (explain):	<input type="checkbox"/>

VEHICLE EXPOSURES

Number of company owned vehicles (list below)		Number of drivers	
Private Pass:	Light Trucks:	Medium Trucks:	
Heavy Trucks:	Heavy Truck Tractors:	Extra-Heavy Trucks:	
Extra-Heavy Truck Tractors:	Trailers:		
Do you have a written procedure for the screening and hiring of drivers? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are MVR's pulled on all drivers? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
As part of a formal driver qualification program are MVR's reviewed using set criteria at least annually by the insured? If MVR's are reviewed but not by the insured, please identify who reviews them:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a vehicle maintenance program in place? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees use personal vehicles in business? If yes, list percentage of employees who use their own vehicles:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use owner/operators? If yes, please describe:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you allow employees to take company vehicles home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you allow employees to take company vehicles home, are they allowed to drive the vehicles during non-work hours?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written policy regarding the use of cell phones while operating vehicles? If yes, please describe:			<input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY OF OTHERS / BAILEES EXPOSURES

Check here if this section does not apply

Limits Requested			
	Sublimit(s) of Insurance	Aggregate Sublimit of Insurance	
	\$100,000	\$100,000	<input type="checkbox"/>
	\$250,000	\$250,000	<input type="checkbox"/>
	\$500,000	\$500,000	<input type="checkbox"/>
	\$750,000	\$750,000	<input type="checkbox"/>
	\$1,000,000	\$1,000,000	<input type="checkbox"/>
What is the maximum value of property of others that you store at any one time:			
How many storage locations do you have?		What is the typical number of pack-outs per year?	
How many storage locations are located in a 100 year flood plain or in an area subject to periodic ponding or flooding? Please provide details:			
Has the applicant ever been subject to any claim for damage to property in your care, custody or control by any client or other third party? If yes, please describe:			<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY HISTORY

Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant have any subsidiaries or related entities not listed above? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If yes, please details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any mergers/acquisitions, consolidations or divestitures? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this business ever operated under a different name? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any significant changes in operations or services over the last 12 months, including any operations or services that have been discontinued, sold or abandoned, or any operations that have been acquired:	

COMPLIANCE HISTORY AND FUTURE PLANS

During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please provide details?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services? If "yes", please provide:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Firm		Contact	
Phone Number		E-mail	

CLAIMS

Have any claims been made within the past 5 years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies? If yes, please provide details (use additional paper if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested? If yes, please provide details (use additional paper if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services? If yes, describe (use additional paper if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant: _____ **Title:** _____

Applicant's Signature: _____ **Date:** _____

Agent / Broker Name: OREP-Organization of Real Estate Professionals Insurance Services, LLC

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

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.

Submit Applications to:
restoration@orep.org

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company 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 LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

BIOHAZARD REMEDIATION COVERAGE SUPPLEMENTAL

This application must be signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.

COMPLETE THIS SUPPLEMENTAL APPLICATION IF YOU PERFORM COVID-19 CLEANUP ACTIVITIES

Please Submit following:

1. Customer Contract used for Virus Cleanup and/or Bio-hazard Remediation
2. Standard Written Procedures used and any documentation on equipment/chemicals used
3. Provide updated training and certifications (i.e. for IICRC provide S500 for Water, S520 for Mold, and S540 for Trauma & Crime Scene Cleanup, Water Loss Specialist, Mold Remediation Technician, Mold Remediation Technician Supervisor, Certified Mold Professional, Advance Mold Remediation Technician, Water Restoration Applied Structural Drying, Commercial Drying Specialist, Certified Mold Remediator, Master Environmental Hazard Remediation Technician, or Hazwoper)

APPLICANT INFORMATION

Named Insured(s) (include DBA name, if applicable, and any Additional Named Insureds as written on current or former policy, and for which coverage is being requested):

Street address:	City / State:	Zip code:	Phone number:	Fax number:
Mailing address if different from above (of first named insured):			Website address:	
			FEIN:	
Street address:	City / State:	Zip code:		

Revenue from virus cleanup operations next 12 months:

Questions

Do you provide international services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you start Virus Cleanup operations?	
When did you start Bio-hazard Remediation operations?	
How are you documenting the jobs?	
Does the contract offer warranties, guarantees, or consequential damages to the client? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you have had any claims arise from Virus cleanup and/or Bio-hazard Remediation ? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you subcontract out Virus Cleanup? If yes, what percentage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you subcontract out Bio-hazard work? If yes, what percentage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What protective gear do you use? What equipment do you use?	
Do you or will you perform Virus cleanup and/or Bio-hazard Remediation on hospitals/medical facilities or assisted living? If yes, percentage of your revenue and please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant: _____ **Title:** _____

Applicant's Signature: _____ **Date:** _____

Agent / Broker Name: OREP-Organization of Real Estate Professionals Insurance Services, LLC

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

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