



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.nееe.com

## RESTORATION CONTRACTORS SUPPLEMENTAL APPLICATION

**COMPLETE IN ADDITION TO ACORD APPLICATIONS. ATTACH ADDITIONAL SHEETS AS NECESSARY.**

**ANSWER ALL QUESTIONS AND SIGN APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR COVERAGE.**

**If not applicable, indicate N/A.**

### GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	
Agency/Agent:	
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Number:	
Effective Date:	
Website:	

2) Current Carrier Information:

Coverage	Carrier	Limit of Insurance	Deductible	Premium	Retroactive Date
General Liability					
Contractors Pollution Liability					
Pollution Legal Liability					
Non-Owned Disposal Sites					
Transportation Pollution					
Professional Liability (E&O)					
Mold Liability					

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Applicant's product brochures or catalog if a website is not available*

3) Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4) Your premise address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5) Requested Coverages (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Contractor's Pollution Liability                  | <input type="checkbox"/> General Liability                  |
| <input type="checkbox"/> Mold Liability                                    | <input type="checkbox"/> Transportation Pollution Liability |
| <input type="checkbox"/> Pollution Legal Liability from a Covered Location | <input type="checkbox"/> Professional Services Liability    |
| <input type="checkbox"/> Non-Owned Disposal Site Coverage                  |   |

6) Audit/Inspection contact: \_\_\_\_\_

a. Phone number: \_\_\_\_\_

b. Email: \_\_\_\_\_

7) Limits Requested:  \$500,000/\$500,000  \$1,000,000/\$1,000,000  
 \$1,000,000/\$2,000,000  Other: \_\_\_\_\_

8) Deductible Requested:  \$1,000  \$2,500  \$5,000  
 \$10,000  \$25,000  Other: \$ \_\_\_\_\_

9) History and Projections:

	Estimated Upcoming Year	Current Year	Prior Year
Gross Annual Receipts			
Employee Payroll			
Cost of Subcontracted Work			
Number of Employees			

10) Do you source business through any of the following entities:

- |  |  |
|--|--|
| <input type="checkbox"/> Alacrity Services LLC                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Crawford and Co./Crawford Contractor Connection | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### SUBCONTRACTING INFORMATION

11) Are all your subcontractors licensed? Yes  No

12) Please list subcontracted services and applicable cost: \_\_\_\_\_

13) Is a standard written contract used with clients and subcontractors using a limitation of liability clause and hold harmless clause? (If yes, please provide a copy) Yes  No

14) Are subcontractors required to have pollution liability insurance? Yes  No   
If required by trade only, please identify trades: \_\_\_\_\_

15) Does your firm collect certificates of insurance from all subcontractors? Yes  No   
How long do you retain those certificates? \_\_\_\_\_

16) Are you named as an additional insured on all subcontractors' policies? Yes  No

17) How often and under what circumstances will you use uninsured subcontractors? \_\_\_\_\_

- 18) What general liability limits do you require your subcontractors to carry? \_\_\_\_\_
- 19) Does your contract require that your subcontractors have a Waiver of Subrogation endorsement in your favor on their General Liability and Worker's Compensation policies? Yes  No

### OPERATIONAL INFORMATION

- 20) Does your firm have an in-house continuing education/training program? Yes  No   
If yes, please describe. If no, please describe how your professionals receive continuing education/training? \_\_\_\_\_
- 21) Does your firm have written health and safety procedures? Yes  No   
If yes, please provide a copy of the table of contents.
- 22) Do you provide a watchman or security at job sites? Yes  No
- 23) Does your firm perform work on residential properties? Yes  No   
If yes, what percentage? \_\_\_\_\_%
- 24) Please describe any operations or services that have been discontinued, sold, or abandoned, or any operations that have been acquired. \_\_\_\_\_
- 25) Does the applicant own, operate, or lease a treatment, storage, or disposal facility? Yes  No   
If yes, please provide details. \_\_\_\_\_
- 26) Is the applicant providing any new services not provided last year? Yes  No   
If yes, please provide details. \_\_\_\_\_
- 27) Does the applicant or any person or organization for whom the applicant is or may be liable engage in now or in the past in design/build activities? Yes  No
- 28) Do you have a lead or asbestos handling licenses? Yes  No   
If yes, please submit copies.
- 29) Disposal of Hazardous Materials:
- |  |  |
|--|--|
| <input type="checkbox"/> Transported by applicant?             | Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| <input type="checkbox"/> Transportation by independent hauler? | Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| <input type="checkbox"/> Manifested?                           | Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| <input type="checkbox"/> Disposal Forms?                       | Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| <input type="checkbox"/> Drummed/over pack?                    | Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| <input type="checkbox"/> Bagged and labeled?                   | Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| <input type="checkbox"/> Wastes liquid or solid?               | <input type="checkbox"/> Liquid <input type="checkbox"/> Solid     |
| <input type="checkbox"/> Treatment on site or off site?        | <input type="checkbox"/> On site <input type="checkbox"/> Off site |

### RESTORATION SERVICES

- 30) Are you performing residential restoration services? Yes  No
- 31) Are you performing commercial restoration services? Yes  No

32) Please provide expected revenue for all applicable restoration services you perform:

	Expected Revenue		Expected Revenue
Asbestos Remediation		Mold investigation/consultant	
Lead Remediation		Civil Engineering	
Mold Remediation		Environmental Compliance	
Bio Remediation		Environmental Sampling	
Air Duct Cleaning		Mobile Incineration	
Soil Excavation & Treatment		Environmental Permitting	
Emergency Response		Remedial Investigation	
Hazardous Materials Cleanup		Remedial Design	
Liquid Waste Remediation		Remediation Oversight	
Dredging		Field Sampling & Testing	
PCB Handling		Project Management	
Wastewater Treatment		Asbestos Analysis	
Water extraction/drying residential		Other:	
Other:		Other:	

### RECONSTRUCTION SERVICES

33) Please provide expected revenue for all applicable reconstruction services you perform:

	Expected Revenue		Expected Revenue
Build Back Restoration (only those operations associated with fire/water/mold damage)		Exterior Demolition of four (4) story buildings	
Carpentry/Framing		HVAC	
Concrete Construction		Framing	
Drywall/Wall Installation		Interior Demolition	
Electrical Contracting		Janitorial Contents Cleaning	
Industrial Cleaning/Maintenance		Plastering or Stucco Work – No EIFS	
Painting		Plumbing	
Roofing		Other:	
Other:		Other:	

### MOLD OR HAZARDOUS MATERIAL ABATEMENT WORK

34) Do you require certificates of insurance from subcontractors as evidence of mold coverage? Yes  No

35) What limits do you require of your subcontractors for mold coverage? \_\_\_\_\_

36) Do you have and utilize a written protocol for handling mold reports and complaints? Yes  No

- 37) Do you advise the client that mold problems will reoccur if moisture problems are not corrected? Please describe how this is documented. \_\_\_\_\_ Yes  No
- 38) Do you diagnose, correct, or warrant against moisture problems creating mold problems? Please provide a copy of the documentation given to the client. Yes  No
- 39) Does the firm use a disclaimer or limitation of liability in contracts for work related to mold investigation or removal? Yes  No
- 40) What percentage of revenues can be attributed to mold/hazardous material abatement at commercial structures? \_\_\_\_\_
- 41) What percentage of revenues can be attributed to mold/hazardous material abatement at residential structures? \_\_\_\_\_
- 42) Is surface sampling/testing done before and after remediation? Yes  No   
Who conducts this and what are their qualifications? \_\_\_\_\_
- 43) Is air quality testing done before and after remediation? Yes  No   
Who conducts this and what are their qualifications? \_\_\_\_\_
- 44) Are remediation alternatives offered and carefully explained to the client prior to remediation being performed? How is this documented? Yes  No   
\_\_\_\_\_

## SITE POLLUTION

- 45) If pollution legal liability is being applied for, please provide location, address, state and zip code for all locations needing coverage.

Facility Address	Brief Description of Operations	Historical Operations

- 46) Are all of the locations listed above currently in compliance with federal, state, and local environmental regulations? If not, please clarify: \_\_\_\_\_ Yes  No
- 47) Are any of these locations currently undergoing corrective action or active remediation, or have any locations had corrective action or active remediation performed in the past? If yes, please explain: \_\_\_\_\_
- 48) Have any of these locations received an environmental violation? If yes, please provide details: \_\_\_\_\_ Yes  No
- 49) Are there structures on these properties? Yes  No

If so, please describe: \_\_\_\_\_

- 50) Have these structures been tested for and found to be free of asbestos, radon, and lead paint? If no, please explain: \_\_\_\_\_ Yes  No

### HAZARDOUS WASTE TRANSPORT/TRANSPORTATION POLLUTION LIABILITY

- 51) Please describe types of hazardous waste or materials transported: \_\_\_\_\_
- 52) Of the total amount hauled, what percentage of materials are liquid? \_\_\_\_\_%
- 53) Average radius of trip? \_\_\_\_\_ Miles
- 54) Vehicle maintenance program in effect? Yes  No
- 55) Does insured own or have insurable interest in hazmat disposal facility? Yes  No

### CLAIMS HISTORY

- 56) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes  No
- 57) Has any lawsuit ever been filed, or any claim otherwise been made against you or or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability **If yes, please attach a description of details.** Yes  No
- 58) Is your company aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from an attorney which may result in a claim or suit? **If yes, please attach a description of details.** Yes  No

### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some 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, 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.

**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 containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 denial of insurance benefits.

**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 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 an 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 \$5,000 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/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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a 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 a 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 the person to criminal and civil penalties.

**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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**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 of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_