

Application for Fire & Water Restoration Contractors



Instructions

Please complete the application in its entirety.

Note: Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required prior to binding coverage.

This application must be signed and dated by an authorized representative of your company.

Submission Requirements

- Five (5) years of currently valued loss information and details regarding any losses.
- Financial statements for past year.
- Statement of Qualifications (SOQ) and Resumes of key personnel (corporate officers and/or managers).
- Copy of current insurance policy

SECTION I – APPLICANT INFORMATION

Insured(s):

Street Address:

City:	State:	Zip Code:
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Contact Name:	Contact Title:
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Telephone:	Website:	Year Established:
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The Applicant is a(n):

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Public Entity
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Other: _____

If the Applicant is a member of a franchise organization, which one:

Please list industry associations memberships:

Does the Applicant work with or is affiliated with any of the following Insurance Service Providers?

- | | | |
|---|---|--|
| <input type="checkbox"/> Alacrity Services LLC | <input type="checkbox"/> Crawford Contractor Connection | <input type="checkbox"/> DKI International |
| <input type="checkbox"/> Paul Davis Restoration, Inc. | <input type="checkbox"/> PuroClean | <input type="checkbox"/> Rainbow International |
| <input type="checkbox"/> ServiceMaster | <input type="checkbox"/> SERVPRO | <input type="checkbox"/> Other: _____ |

Is the applicant directly or indirectly associated with, controlled by, or owned by another person or entity?
 Yes No If **yes**, please explain.

During the past five (5) years, has the Applicant's name or type of business entity changed? Has the Applicant discontinued any operations? Has any other person or entity been purchased by or merged with or consolidated into the applicant?
 Yes No If **yes**, please explain.

SECTION II – COVERAGE REQUESTED				
Requested Coverage	Effective Date	Limits	Deductible	Retroactive Date
<input type="checkbox"/> General Liability				
<input type="checkbox"/> Contractors Pollution				
<input type="checkbox"/> Professional Liability				
<input type="checkbox"/> Follow-Form Excess				
<input type="checkbox"/> Business Auto				
Additional Insurance Requirements:				

SECTION III – EXPIRING COVERAGE						
Coverage Expiration	Carrier	Limits	Expiration	Premium	Deductible	Retroactive Date
General Liability						
Contractors Pollution						
Professional Liability						
Excess/Umbrella						
Business Auto						
Is the applicant ever had any policy declined, cancelled or non-renewed for any reason (Not Applicable in Missouri)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain.						

SECTION IV - OPERATIONS			
States/Foreign Countries where operations are conducted:			
Please list the 3 largest projects performed during the past year:			
Client	Revenue	Services Provided	% Complete

SECTION V – RISK CONTROL	
Safety and Quality Control Practices	
Does the applicant have a written Employee Health and Safety Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Hazardous Communication Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Quality Control/Quality Assurance Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant provide formal training to employees on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor(s)	
What percentage of your operations is performed by subcontractor(s)?	____%
Are subcontractor(s) required to name the applicant as an Additional Insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What insurance and limits does the applicant require of subcontractors(s)?	
<input type="checkbox"/> General Liability: \$ _____ <input type="checkbox"/> Pollution Liability: \$ _____ <input type="checkbox"/> Professional Liability: \$ _____	

SECTION VI - REVENUE

Projected Gross Receipts for next 12 months: \$

1st Prior Year Actual Gross Revenue:

2nd Prior Year Actual Gross Revenue:

Revenue Breakdown by Operations

Contracting Services	Projected Gross Receipts	% Subcontracted
Asbestos or Lead Testing		
Asbestos or Lead Abatement - Commercial		
Asbestos or Lead Abatement – Residential		
Carpentry/Framing		
Carpet/Flooring/Upholstery Cleaning		
Debris Removal		
Demolition/Dismantling - Interior		
Demolition/Dismantling - Four (4) stories or less		
Drywall/Wallboard Installation		
Duct Cleaning		
Electrical		
Fire Sprinkler Installation/Maintenance		
Glass Installation/Glazer		
Home Building (Single or Multi-Family)		
HVAC/Mechanical Engineering		
Insulation		
Janitorial Services		
Masonry/Concrete		
Meth Lab or Crime Scene Cleanup		
Mold Air Testing		
Mold Abatement – Commercial		
Mold Abatement - Residential		
Painting		
Plumbing - Residential		
Plumbing - Commercial		
Remodeling (Not associated with fire or water restoration)		
Roofing - Commercial		
Roofing – Residential		
Sewage Cleanup		
Siding or Window Installation		
Water Extraction and Drying		
Other (please describe):		

SECTION VII – CLAIM HISTORY

During the past five (5) years, has the insured or any individual or entity proposed for coverage submitted to an insurer or producer any claims or notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim? Yes No If **yes**, please explain.

Is the insured or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim against you or any other person or entity for whom coverage is sought? Yes No If **yes**, please explain.

During the past five (5) years, has the insured or any individual or entity proposed for coverage been subject to any disciplinary or enforcement actions? Yes No If **yes**, please explain.

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA, AND 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, which is a crime.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowing presents 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 policy holder 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 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 employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false 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 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 AND 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 MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 an application for an insurance policy is subject to criminal and civil 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 OKLAHOMA APPLICANTS: 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 OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

SECTION VIII – DECLARATIONS AND SIGNATURES

The undersigned, as authorized agent of all insureds, individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by OneBeacon. If a policy is issued it will be in reliance by OneBeacon upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with OneBeacon and, along with the Application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

OneBeacon is authorized to make any inquiry in connection with this Application. Acceptance by OneBeacon of this Application or the making of any subsequent inquiry does not bind the insured or OneBeacon to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to OneBeacon under any policy of a claim or potential claim.

If OneBeacon learns of a material change prior to the effective date of the policy, we may modify or withdraw any quotation or agreement to bind insurance. If the information in this Application materially changes prior to the effective date of the policy, the insured will immediately notify OneBeacon.

Completion of this application does not bind coverage. The insured's acceptance of OneBeacon's quotation is required prior to binding coverage.

_____ Date

_____ Signature

_____ Print Name

_____ Title



Commercial Insurance Underwriters, Inc.
901 E Saint Louis St Ste 205
Springfield MO 65806-2537
Phone: 800-241-9759
Fax: 877-203-0291

Addendum A: Follow-Form Excess Liability Application

(Offered in conjunction with Commercial General Liability coverage)

Named Insured(s):			
Limits Requested:			
Underlying Coverage for Schedule (All questions are required for rating and scheduling purposes)			
Automobile Liability			
Carrier 1:		Policy Number:	
Liability Premium:	Limits:	\$	CSL Each Accident
Total Policy Premium:		\$	BI Each Accident
Effective Date:		\$	BI Each Person
Expiration Date:		\$	PD Each Accident
Carrier 2:		Policy Number:	
Liability Premium:	Limits:	\$	CSL Each Accident
Total Policy Premium:		\$	BI Each Accident
Effective Date:		\$	BI Each Person
Expiration Date:		\$	PD Each Person
Three years of currently valued Automobile Loss Runs are required.			
Employers Liability			
Carrier 1:		Policy Number:	
Annual Premium:	Limits:	\$	Each Accident
Experience Mod:		\$	Disease Each Employee
Effective Date:		\$	Disease Policy Limit
Expiration Date:			
Carrier 2:		Policy Number:	
Annual Premium:	Limits:	\$	Each Accident
Experience Mod:		\$	Disease Each Employee
Effective Date:		\$	Disease Policy Limit
Expiration Date:			
Claims Information			
<p>Please provide details for all Automobile claims exceeding \$25,000 and Employers Liability claims exceeding \$250,000 in the last 5 years. Include dates, coverage, description, amount paid and amount outstanding. Use additional page if necessary.</p>			