

**BONDING & INSURANCE SPECIALISTS AGENCY, INC.
(BISA)**

**9340 S. Harlem Avenue, Bridgeview, IL 60455
800-346-1031 Fax: 708-598-6686**

APPLICATION FOR FIRE AND WATER RESTORATION CONTRACTORS

The coverage you are applying for includes three coverage parts: I. Commercial General Liability; II Pollution Liability; III. "Fungi" (Mold) and Bacteria Liability. Coverage Parts II. and III. are written on a Claims-Made basis.

Instructions

1. Please 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 an owner, partner or director/officer of your firm.
3. Additional information required for this submission:
 - Resumes of key personnel
 - Mold training certificates
 - Firms brochure describing services and qualifications
 - Financial statements for last 2 years or tax returns
 - Minimum of five years of premium & loss history applicable to coverages requested
 - Sample Client and Subcontractor contract forms
 - Sample of proposal to prospective clients
 - SF 254 or 10 largest projects list
 - SOP (Standard Operations Procedure) manual detailing mold inspection, removal & remediation procedures

Proposed Limits: _____ **Proposed Deductible(s):** _____

Proposed Effective Date: _____ **Proposed Retro Date:** _____ **Date of Application** _____

Part I: APPLICANT

1. Full Name of Entity(s) _____
Mailing Address _____
City _____ State _____ Zip Code _____ Web Address _____
Contact Person: _____ Telephone: _____ Fax: _____

Company is ___ Individual ___ Partnership ___ Corporation ___ Joint Venture ___ Other (describe) _____

Years in business _____ Years performing fire & water restoration services _____

Has the name of the firm been changed or has any other business been purchased or has any merger or consolidation taken place? ___ Yes ___ No If so, please detail changes in chronological order since inception

Does the firm have: Subsidiaries _____ A Parent Company _____ Other Related Entities _____
If yes, describe:

Have there been any significant changes in operations, business focus or management over the past year? If yes, explain:

2. Address of any other locations for branch offices or subsidiaries:

Mailing Address _____

City _____ State _____ Zip Code _____

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

4. Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients you contract with:

Category	Percent	Category	Percent
Commercial	_____	Federal Government	_____
Residential	_____	State Government	_____
Insurance Company	_____	Local Government	_____
Industrial	_____	Owners who act as their own contractors	_____

What percentage of your work is with repeat customers? _____%

5. Is the applicant a member of a franchised organization? Yes ___ No ___ If yes, which one? _____

6. Total Staff of Personnel of Applicant: _____

Breakout of Personnel:

Principals _____ Supervisors / Foremen _____

Industrial Hygienists _____ Field Personnel _____

Clerical, Technical _____

Part II: Receipts and Operations

1. Receipts (include all invoiced work for the appropriate period)

a. Total Receipts:

Current expiring year \$ _____ First Prior Year \$ _____

2nd Prior Year _____ 3rd Prior Year _____

b. Total Receipts estimated for the next 12-month period \$ _____

c. Projected Next 12 Months Operations	Total Projected Gross Receipts	What % of this work is subcontracted?	Payroll
Water Extraction/Drying	_____	_____	_____
Mold Remediation	_____	_____	_____
Interior Demolition/Debris Removal	_____	_____	_____
Carpentry	_____	_____	_____
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
Roofing	_____	_____	_____
Siding	_____	_____	_____
Insulation	_____	_____	_____
HVAC	_____	_____	_____
Drywall	_____	_____	_____
Concrete/masonry	_____	_____	_____
Painting	_____	_____	_____
Flooring	_____	_____	_____
Other (must give description)	_____	_____	_____
Total	_____	_____	_____

2. Contracting

_____ Do you always have a signed contract prior to the commencement of services? If not, explain _____

_____ Do you do a formal evaluation of clients prior to contracting with them? _____

_____ Do you have an attorney who evaluates your contracts? Who is your attorney? _____

_____ Who has the authority to sign contracts? _____

_____ Are all building materials inspected upon delivery for pre-existing mold contaminants? _____

_____ Does the applicant have a procedure to handle mold related complaints? _____

_____ Is there a written reporting process for water or mold related issues at a job site? _____

_____ Does the applicant conduct a property survey at the time the owner takes possession? Provide sample _____

_____ Who performs testing at the job sites? _____

_____ Does the applicant subcontract to outside laboratories? List labs most frequently used _____

Describe their qualifications _____

_____ **Remember to include a copy of your standard contract with your application**

Part III: 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 If yes, describe:

2. Have any claims related to mold been previously made against the applicant? If yes, 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, 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, describe:

Part IV: PRESENT INSURANCE COVERAGE

General Liability Pollution Liability

- Carrier
- Limits
- Deductible
- Policy Dates
- Premium
- Occurrence/Claims Made
- Retro Date, if applicable

Is statutory workers compensation coverage carried in all states where applicant is exposed?

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.

PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.

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 & CONFINEMENT IN 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 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 & 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 IN 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 SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF 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 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 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 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."

APPLICANT _____ **DATE** _____
(signature of owner or officer of corporation)

APPLICANT _____
(print name and title)

BROKER/AGENT _____ **DATE** _____
(print name of firm & license #)