

Bonding & Insurance Specialists Agency, Inc.

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SUPPLEMENTAL FUNGUS/SPORE (MOLD) QUESTIONNAIRE FOR CGL/CONTRACTORS POLLUTION/PROFESSIONAL LIABILITY

PLEASE COMPLETE THIS APPLICATION. ALL QUESTIONS APPLICABLE TO YOUR BUSINESS MUST BE ANSWERED. IF SPACE ON THIS FORM IS INSUFFICIENT TO PROVIDE A COMPLETE ANSWER, PLEASE ATTACH INFORMATION ON SEPARATE SHEETS.

Applicant/Named Insured:

Completed by: _____ (Name/Title/Tel #) _____ Date

1. Does the company loss experience (CGL in particular) show any projects where water leaks or intrusion occurred in the past three years? Yes, No If yes, attach details for any claims from microbial matter or other indoor air quality conditions.

2. Other than the above, has there been any microbial matter or other indoor air quality condition in any buildings where services or operations were performed? Yes, No If yes, please describe.

3. Have there been any odor complaints, allergic reactions, or other symptoms possibly associated with building conditions for any project where applicant performed professional services or other operations? Yes, No If yes, please describe.

4. Is there an established protocol for prevention of mold and water intrusion on projects? Yes, No If yes, please attach written plan.
5. Is there a written reporting process for water leaks or microbial matter issues at a job site? Yes, No If yes, attach copies.
6. Is there an established Standard Operating Procedure (SOP) detailing microbial matter inspection, removal or remediation procedures? Yes, No If yes, please attach written plan.
7. Does the applicant have a procedure to handle mold or mold-related complaints? Yes, No If yes, please provide the procedure.
8. Are all building materials inspected upon delivery for pre-existing mold contamination? Yes, No

9. Does the applicant perform training for laborers or subcontractors on microbial matter prevention? Yes, No If yes, please describe the program. _____

10. Does the applicant conduct a property survey at the time the owner takes possession? Yes, No
 Does this survey include potential mold issues? Yes, No If so, please describe

11. Does the applicant's client contract contain any disclaimers or limitation of liability for the existence of mold?
 Yes, No If yes, please describe. _____

12. Does applicant enter into any other legal agreements whereby it contractually assumes liability for mold not
 otherwise imposed by law? Yes, No If so, please describe.

13. Does the applicant contract or conduct remediation for mold? Yes, No If yes, please list qualifications.

14. Does the applicant perform building or building system service or inspections? Yes, No If yes, what is the
 percentage of total revenues? What type of projects?

15. Does the applicant perform indoor air quality testing? Yes, No If yes, what is the percentage of total
 revenues? Who performs the testing?

16. Does the applicant subcontract the analysis of mold to an outside laboratory? Yes, No If yes, please
 describe.

17. Does account request certificates of insurance for microbial matter from subcontractors? Yes, No If
 yes, please attach copies.

PLEASE COMPLETE ONLY THOSE QUESTIONS BELOW THAT APPLY TO THE APPLICANT'S BUSINESS:

18. Does the company conduct work related to:
- a. Carpentry (i.e., new or renovated bldgs.) Yes, No If yes, ___% of firm's total revenues ___% Subbed out
 - b. Development (i.e., commercial or residential) Yes, No – If yes,
 - Home Building: ___% of firm's total revenues ___% Subbed out
 - Condominiums: ___% of firm's total revenues ___% Subbed out
 - Mixed Commercial: ___% of firm's total revenues ___% Subbed out
 - c. Foundation Layout Yes, No If yes, ___% of firm's total revenues ___% Subbed out

- d. Framing Yes, No If yes, ____ % of firm's total revenues ____% Subbed out
- e. General Contracting Yes, No If yes, ____ % of firm's total revenues ____% Subbed out
- f. HVAC Installation/Maintenance Yes, No If yes, ____ % of firm's total revenues ____% Subbed out
- g. Insulation Yes, No If yes, ____ % of firm's total revenues ____% Subbed out
 - If yes, has your company installed or subbed installation of Exterior Insulation Finish Systems (EIFS)?
 Yes, No?
 - If yes, ____ % of firm's total revenues EIFS installed; ____ % Subbed out
 - If yes, how many EIFS projects? (Please attach a separate list of projects and brief descriptions)
- h. Mechanical Contracting Including Refrigeration And Plumbing Yes, No If yes, ____ % of firm's total revenues ____% Subbed out
- i. Roofing Yes, No If yes, ____ % of firm's total revenues ____% Subbed out
- j. Landscaping/Grading Yes, No If yes, ____ % of firm's total revenues ____% Subbed out
- k. Fire/Flood Restoration Yes, No If yes, ____ % of firm's total revenues ____% Subbed out

19. Does the company conduct work related to:

- a. Microbial Matter/Indoor Air Quality (IAQ) Sampling, Inspections, Assessments Yes, No If yes, __ % of firm's total revenues __% Subbed out
- b. Microbial Matter Consulting Services (i.e., initial evaluation by Certified Industrial Hygienist [CIH], etc.) Yes, No If yes, __ % of firm's total revenues __ % Subbed out
- c. Microbial Matter Laboratory Analysis Yes, No If yes, _ % of firm's total revenues _% Subbed out
- d. Water Damage Restoration Yes, No If yes, __ % of firm's total revenues ____% Subbed out
- e. Microbial Matter Remediation Yes, No If yes, __ % of firm's total revenues ____% Subbed out
- f. Microbial Matter Expert Witness Support (i.e., CIH, P.E., etc.) Yes, No If yes, ____% of firm's total revenues ____ % Subbed out
- g. Microbial Matter/IAQ Claims Adjusting Yes, No If yes, ____ % of firm's total revenues ____% Subbed out

Are Certified Industrial Hygienist/Microbiologists/Mycologists on staff? ___Yes ___No If yes, provide description of work experience and credentials on a separate sheet.

THE APPLICANT WARRANTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S WRITTEN ACCEPTANCE OF COMPANY'S QUOTATION AND COMPANY'S WRITTEN ACKNOWLEDGMENT OF SUCH ACCEPTANCE IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. NO COVERAGE SHALL ATTACH UNTIL A BINDER OF INSURANCE HAS BEEN ISSUED. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

I/We hereby warrant that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

Applicant's Signature

Title

Date