RESTORATION CONTRACTORS LIABILITY APPLICATION

I. A	PPLICANT INF	ORMATION								
1.1	Applicant (Prop	osed Named In	isured):				1.5	Phone:		
	Mailing Address		,				1.6	Email:		
	City, State, ZIP:						1.7	Website(s):		
1.3	Physical Addres	ss (if different):								
	City, State, ZIP:									
1.4	Type of Busines	SS:		-Proprietor or Other, please d	Partnership escribe:] Corporation	on 🗌 Joint-V	enture (JV)	LLC
II. S	TAFFING									
Plea	se attach a state	ement of qualif	ications / certifications	ations / resume fo	r all officers, c	lire	ctors, and k	ey personnel* li	isted below.	
2.1	Number of Office	cers/Directors:								
2.2	Number of Oth	er Key Personn	el*:							
2.3	Total Number o	of Personnel:								
2.5	revoked, or eve	r been the subj s a result of pro		cant business ever ory proceeding, co acting activities?						Yes No
*Key p	ersonnel includ	es managers, o	wners, and salarie	ed or professional o	employees.					
III. C	COMPANY HI	STORY								
3.1	Date establishe	d:								
3.2	Does the Applic	ant have (chec	k all that apply):							
	Subsidiarie	es 🗍 A I	Parent Company	Other Re	lated/Affiliate	d Er	ntities	Other:		
	If you checked a	any of the abov	e, please provide	details in an attach	ment.					
3.3	Does the Applic	ant share emp	loyees with any ot	her business or en	tity?					Yes No
	If yes, please									
3.4	dissolutions me	rgers or bankru	y for which you are uptcies in the last	e seeking coverage five (5) years?	been involved	d in	any acquisi	tions, consolidat	ions,	Yes No
_	If yes, please									
3.5			franchise organiz	ation?						☐ Yes ☐ No
	If yes, which			/5			1/ 24 115		2	
			•	Vater/Damage Res			d/or Mold I	Remediation Ope	erations?	
3.7				tification (or simila	r certification)	!				☐ Yes ☐ No
	if yes, please	e attach copies	of such certificati	ons.						
IV.	COVERAGE									
4.1	Requested Cov		Contractors Pol Environmental	neral Liability (CGL lution Liability (CPI Consultants Profes	.) sional Liability	(EC	CPL)			
				erages indicated a		Г	٦			
				val Policy? Ne Deductibles reques		L	Renewal			
4.3	Coverage	Limits of Liabi		Deductibles reques	icu.	00	rurrenco or	Claims Made	Retroactive	Date
	Coverage	Lilling Of Liabi	ncy	Deductible		Oct	currence or	Ciaiiiis iviaue	(if applicable	
	CGL	\$	Each OCC / CM	\$			OCC			
		\$	Aggregate			Ō	CM			
	CPL	\$	Each OCC / CM	\$			OCC			
		\$	Aggregate				CM			
	ECPL	\$	Each CM	\$			CM ONLY			
		\$	Aggregate							П
			for Mold/Fungi ex							☐ Yes ☐ No
4.5				d/Fungi exposures	2 C					☐ Yes ☐ No
	ii yes, what	are Applicant's	current Limits of	Liability for this exp	Josure: \$					

	Complete details f			ner (describe): nce coverages:							
	Coverage		Expiration Date		Premiu	ım Lir	mits of Liability	Deductib	- -	ccurrence	
	CGL				\$	\$	Each OCC/CM	\$	Ę	occ	
	CDI				<u> </u>	\$ \$	Aggregate	<u></u>	⊣⊨] см] осс	
	CPL				\$	\$ \$	Each OCC/CM Aggregate	Ş	∃⊨] cm	
	ECPL				\$	\$	Each OCC/CM	Ś	٦̈	l occ	
					,	\$	Aggregate	T	Ē	CM	
	Other (describe):				\$	\$	Each OCC/ CM	\$		ОСС	
						\$	Aggregate			CM	
,	*PLEASE ATTACH										7 Vac
′			ted been ded	clined, cancelle	ed and/or non-rei	newed du	iring the prior three	years?		L	Yes
R	If yes, please ex Please list other co		d endorsem	ents that Annl	icant is requesting	σ•					
•	Ticase list other co	verages an	u chaorscin	citts that Appi	icant is requesting	5.					
G	ROSS RECEIPTS	;									
~ ~	co provido Applican	t's total Gr	oss Bosoints	for the next th	roo concocutivo l	Fiscal Voa	rs, and astimated Cr	occ Bocoin	tc fo	r the curre	nt Fiscal Vos
							rs, and estimated Gr luctions of any kind.	oss Receip	LS TO	r the curre	ni riscai rea
	s Receipts should i				_	it arry aco	actions of any kind.				
1								Cross	Doc	into	
L	Current Fiscal Year			Fiscal Yea	ır			Gross \$	Kec	eipts	
	First Prior Year			to				\$ \$			
	Second Prior Year			to				\$			
	Third Prior Year			to				\$			
as	Other than Rec se provide the App de revenue from w	construct licant's pro	ion of Dar	maged Prop s Annual Reve	nues derived from						N
as	se provide the App	construct licant's pro	ion of Dar jected Gross pplicant sub	maged Prop s Annual Reve	nues derived from hird parties.		owing operations.		-	ected	Percentag
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Carpentry	\$ %	Interior Demo/hand no more than six (6) stories	\$	%
Carpet, Rug, Furniture or Upholstery Cleaning	\$ %	Janitorial Contents Cleaning	\$	%
Concrete Construction	\$ %	Painting	\$	%
Drywall /Wall Installation	\$ %	Plastering or Stucco Work – No EIFS	\$	%
Electrical Contracting	\$ %	Plumbing	\$	%
Exterior Demolition of four (4) Story Buildings	\$ %	Roofing	\$	%
Floor Installation – no ceramic	\$ %	Other (describe):	\$	%
Framing	\$ %	Other (describe):	\$	%
HVAC	\$ %	Other (describe):	\$	%
Industrial Cleaning, Maintenance	\$ %	TOTALS	\$ 0	0 %

VIII	VIII. MOLD, MILDEW, FUNGUS CONSULTING / LABORATORY						
8.1	Operations	Projected Gross		Operations	Projected	Percentage	
		Annual Revenue	Subcontracted		Gross Annual	Subcontracted	
			to Others		Revenue	to Others	
	Mold Analytical Laboratories	\$	%	Other Mold Operations:	\$	%	
	Mold Consulting	\$	%	Other Mold Operations:	\$	%	
	Mold Inspection	\$	%	Other Mold Operations:	\$	%	
	Mold Post Remediation Sampling	Ś	%	Other Mold Operations:	Ś	%	

IX. OPERATIONS UNRELATED TO RESTORATION AND MOLD CONTRACTING Include all remodeling and build/back not associated with fire/water/mold damage 9.1 Operations Projected Gross Percentage Operations Projected Gross Percentage

TOTALS

\$0

0 %

9.1	Operations	Projected Gross	Percentage	Operations	Projected Gross	Percentage
		Annual Revenue	Subcontracted		Annual Revenue	Subcontracted
			to Others			to Others
		\$	%		\$	%
		\$	%		\$	%
		\$	%		\$	%
		\$	%	TOTALS	\$ 0	0 %
		\$	%	TOTAL REVENUE FOR ALL OPERTIONS	\$	%

X. SUBCONTRACTED OPERATIONS

10.1	What percentage of Applicant's total work was subcontracted to third parties in the past year:						
10.2	Description of Subcontracted Operations		Percentage of Applicant's Total Gross Receipts Derived from Subcontracted Operations				
			%				
			%				
10.3	Are all subcontractors licensed and accredited to	o provide the services th	ey are retained for?		Yes No		
10.4	Does the Applicant obtain confirmation of such	licensing or accreditatio	n?		Yes No		
	If yes, is such documentation maintained on	file?			Yes No		
10.5	Does Applicant require that a standard contract	be signed by all its sub-	onsultants / subcontract	ors / independent			
	contractors? If yes, please include a copy of suc	h standard contract.			Yes No		
	If yes, which of the following provisions do	es Applicant's standard	contract include?				
	☐ Hold Harmless and Indemnification Cla	ause in Applicant's Favor					
	Detailed Scope of Services Clause						
	Requirement that Applicant be named as an Additional Insured on sub-consultant's / subcontractor's / independent contractor's						
	Commercial General Liability policy						
	Requirement that Applicant be granted	d a Waiver of Subrogatio	n on sub-consultant's / s	ubcontractor's / in	idependent contractor's		
	Commercial General Liability policy						
10.6	Provide the minimum insurance requirements of	f your sub-consultants /	subcontractors / indeper	ndent contractors:			
	Contractors Pollution Liability:	\$ Each	OCC / CM	\$	Aggregate		
	Professional Liability:	\$ Each	OCC / CM	\$	Aggregate		
	Commercial General Liability:	\$ Fach	OCC	\$	Aggregate		

Project Remediation Mold Design \$

10.7	Does Applicant collect Certificates of Insurance evidencing General Liability, Professional Liability, and Pollution Liability	
	insurance coverages from all sub-consultants / subcontractors / independent contractors, prior to having them perform any	
40.0	work or operations on Applicant's behalf?	Yes No
10.8	Is the Applicant part of any direct repair network (Crawford Connection, Alacrity, Code Blue, etc.)?	☐ Yes ☐ No
	If yes, please list here:	
XI.	LOCATION OF OPERATIONS	
11.1	How many years has Applicant performed Fire / Water / Damage Restoration Work and or/Mold Remediation Operations?	
11.2	Does Applicant have a current mold training certification (or similar certification)?	Yes No
	If yes, please attach copies of such certifications.	
11.3	Please list all states where Applicant performs operations:	
11.4	Does Applicant perform any operations in New York State?	Yes No
	If yes, does Applicant conduct any operations in any of the five (5) boroughs of New York City (Manhattan, Brooklyn,	
	Queens, Bronx and Staten Island) and/or Nassau, Suffolk or Westchester Counties?	∐ Yes ∐ No
	If yes:	
	a. What percentage of Applicant's total operations are conducted in New York State?	
	 b. What percentage of Applicant's total operations are conducted in the five (5) boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau, Suffolk or Westchester Counties? 	
	(Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau, Suffolk or Westchester Counties? %	
YII	. CLAIMS/CIRCUMSTANCES	
	ease respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inq	uiry with any
ind	lividuals who may have knowledge or information about the matters described below.	
PLE	EASE PROVIDE FIVE (5) YEARS OF LOSS INFORMATION WHEN SUBMITTING THIS APPLICATION.	
12.1	Has any claim, suit, regulatory investigation or proceeding or other proceeding or notice of incident been made against any	
	proposed insured or any employee, contractor or staff member of any proposed insured, in the last five (5) years?	☐ Yes ☐ No
12.2		
	Has Applicant received any notices of actual or potential violations, citations, fines, penalties, complaints, or enforcement or	
	regulatory actions in any way relating to Applicant's work or operations, in the last five (5) years?	Yes No
12.3	regulatory actions in any way relating to Applicant's work or operations, in the last five (5) years? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or	Yes No
	regulatory actions in any way relating to Applicant's work or operations, in the last five (5) years? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed Insured?	
	regulatory actions in any way relating to Applicant's work or operations, in the last five (5) years? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed Insured? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or	Yes No
	regulatory actions in any way relating to Applicant's work or operations, in the last five (5) years? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed Insured? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed insured	Yes No
	regulatory actions in any way relating to Applicant's work or operations, in the last five (5) years? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed Insured? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed insured for environmental damage, bodily injury or property damage arising from the release of hazardous substances or other	Yes No
12.4	regulatory actions in any way relating to Applicant's work or operations, in the last five (5) years? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed Insured? At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed insured	Yes No

If you responded "Yes" to any of the above questions in this section, please provide full details in an attachment to this Application.

NOTICE: The policy applied for, if issued, <u>will not insure</u>: any claim, suit, regulatory investigation or proceeding or other proceeding or incident disclosed, or which should have been disclosed, in response to the above; or any claim, suit, regulatory investigation or proceeding or other proceeding that arises from any event, fact, circumstance, situation, demand, act, error or omission disclosed, or which should have been disclosed in response to the above.

XIII. FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

APPLICABLE IN CO

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.

APPLICABLE IN FL AND OK

Any person who knowingly and 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 (of the third degree)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

XIV. REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

- After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Company are accurate and complete;
- b. Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Company to provide a premium proposal;
- d. If a policy is issued, the Company will have issued this Policy in reliance upon those representations;
- e. If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Company in writing; and
- f. The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.

As used above, the term "Company" refers to Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

Signature of Authorized Representative of Applicant	Title
Type / Print Name of Authorized Representative	Date
Producer Signature	Date