CapSpecialty
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CAPITOL SPECIALTY INSURANCE CORPORATION | A Stock Company
P. O. Box 5900 | Madison, WI 53705-0900 | CapSpecialty.com

RESTORATION CONTRACTORS LIABILITY APPLICATION

I. APPLICANT INFORMATION

1.1	Applicant (Proposed Named Insured):		**1.5**	Phone:
1.2	Mailing Address:		**1.6**	Email:
	City, State, ZIP:		**1.7**	Website(s):
1.3	Physical Address (if different):			
	City, State, ZIP:			
1.4	Type of Business:	☐ Sole-Proprietor ☐ Partnership ☐ Corporation ☐ Joint-Venture (JV) ☐ LLC ☐ If JV or Other, please describe:		

II. STAFFING

Please attach a statement of qualifications / certifications / resume for all officers, directors, and key personnel* listed below.

2.1	Number of Officers/Directors:	
2.2	Number of Other Key Personnel*:	
2.3	Total Number of Personnel:	
2.5	Has any staff member or contractor of the Applicant business ever had its professional license or certification suspended or revoked, or ever been the subject of any regulatory proceeding, complaint or investigation by a licensing or professional organization, as a result of professional or contracting activities?	☐ Yes ☐ No
	If yes, please explain.	

*Key personnel includes managers, owners, and salaried or professional employees.

III. COMPANY HISTORY

3.1	Date established:	
3.2	Does the Applicant have (check all that apply): ☐ Subsidiaries ☐ A Parent Company ☐ Other Related/Affiliated Entities ☐ Other: If you checked any of the above, please provide details in an attachment.	
3.3	Does the Applicant share employees with any other business or entity?	☐ Yes ☐ No
	If yes, please explain:	
3.4	Has the Applicant or any entity for which you are seeking coverage been involved in any acquisitions, consolidations, dissolutions mergers or bankruptcies in the last five (5) years?	☐ Yes ☐ No
	If yes, please explain:	
3.5	Is the Applicant a member of a franchise organization?	☐ Yes ☐ No
	If yes, which one?	
3.6	How many years has Applicant performed Fire/Water/Damage Restoration Work and/or Mold Remediation Operations?	
3.7	Does Applicant have a current mold training certification (or similar certification)?	☐ Yes ☐ No
	If yes, please attach copies of such certifications.	

IV. COVERAGE

4.1	**Requested Coverage(s):** ☐ Commercial General Liability (CGL) ☐ Contractors Pollution Liability (CPL) ☐ Environmental Consultants Professional Liability (ECPL)	
	What is the requested Effective Date for the coverages indicated above?	
4.2	Is this New Business or are your seeking a Renewal Policy? ☐ New Business ☐ Renewal	

4.3 Please indicate below the Limits of Liability and Deductibles requested:

Coverage	Limits of Liability	Deductible	Occurrence or Claims Made	Retroactive Date (if applicable)
CGL	$ Each OCC / CM $ Aggregate	$	☐ OCC ☐ CM	
CPL	$ Each OCC / CM $ Aggregate	$	☐ OCC ☐ CM	
ECPL	$ Each CM $ Aggregate	$	☐ CM ONLY	

4.4	Is Applicant seeking coverage for Mold/Fungi exposures?	☐ Yes ☐ No
4.5	Does Applicant currently have coverage for Mold/Fungi exposures	☐ Yes ☐ No
	If yes, what are Applicant's current Limits of Liability for this exposure? $	

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4.6 If this is New Business, please indicate your **Existing Coverage(s)*** and complete the table below:
☐ CGL ☐ CPL ☐ ECPL ☐ Other (describe):

Complete details for your current insurance coverages:

Coverage	Effective Date	Expiration Date	Carrier	Premium	Limits of Liability	Deductible	Occurrence or Claims Made	Retroactive Date
CGL				$	$ Each OCC/CM $ Aggregate	$	☐ OCC ☐ CM	
CPL				$	$ Each OCC/CM $ Aggregate	$	☐ OCC ☐ CM	
ECPL				$	$ Each OCC/CM $ Aggregate	$	☐ OCC ☐ CM	
Other (describe):				$	$ Each OCC/ CM $ Aggregate	$	☐ OCC ☐ CM	

***PLEASE ATTACH THE DECLARATIONS PAGE FOR EACH OF YOUR EXISTING COVERAGES.**

4.7 Has any policy or coverage listed been declined, cancelled and/or non-renewed during the prior three years? ☐ Yes ☐ No

If yes, please explain:

4.8 Please list other coverages and endorsements that Applicant is requesting:

V. GROSS RECEIPTS

Please provide Applicant's total Gross Receipts for the past three consecutive Fiscal Years, and estimated Gross Receipts for the current Fiscal Year.
Note: Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind.
Gross Receipts should include revenue from subcontracted work.

5.1	Fiscal Year	Gross Receipts
Current Fiscal Year	to	$
First Prior Year	to	$
Second Prior Year	to	$
Third Prior Year	to	$

VI. FIRE/WATER RESTORATION, MOLD AND ENVIRONMENTAL CONTRACTING (Other than Reconstruction of Damaged Property) ☐ N/A

Please provide the Applicant's projected Gross Annual Revenues derived from the following operations.
Include revenue from work that Applicant subcontracts to third parties.

6.1 Operations	Projected Gross Annual Revenue	Percentage Subcontracted to Others*	Operations	Projected Gross Annual Revenue	Percentage Subcontracted to Others*
Abatement Contracting – Mold	$	%	Sewage Waste Remediation	$	%
Abatement Contracting – Lead	$	%	Trucking – Hazardous Materials	$	%
Abatement Contracting – Asbestos	$	%	Waste Contracting – Hazardous Materials	$	%
Air Duct Cleaning	$	%	Waste Contracting – Non-Hazardous Materials	$	%
Debris Removal – Hazardous Materials	$	%	Water Extraction	$	%
Debris Removal – Non-Hazardous Waste	$	%	Other:	$	%
Emergency Response – Fir/Smoke/Soot Damage (No Build Back)	$	%	Other:	$	%
Liquid Waste Management and Treatment	$	%	Other:	$	%
Spraying Mold Prevention	$	%	**TOTALS**	$ 0	0 %

***This is the percentage of your work that is subcontracted to third parties.

VII. RECONSTRUCTION OF PROPERTY DAMAGED BY FIRE / WATER / MOLD ☐ N/A

Please provide the Applicant's projected Gross Annual Revenues derived from the following operations.
Include revenue from work that Applicant subcontracts to third parties.

7.1 Operations	Projected Gross Annual Revenue	Percentage Subcontracted to Others	Operations	Projected Gross Annual Revenue	Percentage Subcontracted to Others
Build/Back Restoration (Only those operations associated with fire/water/mold damage)	$	%	Interior Demo/hand more than six (6) stories	$	%

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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. MOLD, MILDEW, FUNGUS CONSULTING / LABORATORY ☐ N/A

8.1 Operations	Projected Gross Annual Revenue	Percentage Subcontracted to Others	Operations	Projected Gross Annual Revenue	Percentage Subcontracted to Others
Mold Analytical Laboratories	$	%	Other Mold Operations:	$	%
Mold Consulting	$	%	Other Mold Operations:	$	%
Mold Inspection	$	%	Other Mold Operations:	$	%
Mold Post Remediation Sampling	$	%	Other Mold Operations:	$	%
Project Remediation Mold Design	$	%	**TOTALS**	**$** 0	0 **%**

IX. OPERATIONS UNRELATED TO RESTORATION AND MOLD CONTRACTING ☐ N/A

Include all remodeling and build/back not associated with fire/water/mold damage

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

X. SUBCONTRACTED OPERATIONS ☐ N/A

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 provide the services they are retained for? ☐ Yes ☐ No

10.4 Does the Applicant obtain confirmation of such licensing or accreditation? ☐ 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-consultants / subcontractors / independent contractors? **If yes, please include a copy of such standard contract.** ☐ Yes ☐ No

If yes, which of the following provisions does Applicant's standard contract include?

- ☐ Hold Harmless and Indemnification Clause 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 a Waiver of Subrogation on sub-consultant's / subcontractor's / independent contractor's Commercial General Liability policy

10.6 Provide the minimum insurance requirements of your sub-consultants / subcontractors / independent contractors:

Contractors Pollution Liability:	$	Each OCC / CM	$	Aggregate
Professional Liability:	$	Each OCC / CM	$	Aggregate
Commercial General Liability:	$	Each OCC	$	Aggregate

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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 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? 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? %	☐ Yes ☐ No

XII. CLAIMS/CIRCUMSTANCES

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with <u>any</u> individuals who may have knowledge or information about the matters described below.

PLEASE 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	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
12.4	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 pollutants into the environment?	☐ Yes ☐ No
12.5	Has Applicant or any proposed insured ever paid out more than $25,000 for any one claim or loss?	☐ 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.

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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:

a. **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**

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