



## Supplemental Mold Contractor and Consultants Application

1. What percentage of your revenues are attributable to habitational/residential work? \_\_\_\_%
2. Specifically what operations are performed? Please provide total receipts and break down the receipts by operations performed:

Operations	Previous Year \$	Current Year \$	Projected \$
<b>Total Receipts</b>			

3. If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented?

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4. Do you communicate to the client that mold problems almost certainly will reoccur if moisture problems are not resolved? (circle one) Yes No  
If yes, how is this documented?

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5. Do you ever accept responsibility to diagnose, correct, or warranty against, the moisture problems that contribute to creating mold problems? (circle one) Yes No

What documentation confirms and communicates this to the client? (please attach copies)

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6. What contractual provisions are in force to protect your firm against mold-related exposures? (please attach copies)

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7. In which states do you perform your operations?

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8. **What measures are employed to protect personnel at or in proximity to the job site?**  
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\_\_\_\_\_  
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9. **How are odor complaints, allergic reactions, potential health problems or claims addressed?**  
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\_\_\_\_\_  
\_\_\_\_\_
10. **What guidelines do you adhere to in the performance of mold services?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. **How do you address evaluation of mold in non-viable areas (areas difficult to access or visually inspect, i.e. wall cavities), and what documentation confirms and communicates this to the client?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. **Do you perform bulk and/or surface sampling prior to and after remediation?**  
(circle one)    Yes    No  
**If yes, who performs this sampling and what are their qualifications?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. **Do you perform air quality testing prior to, during, and after remediation?**  
(circle one)    Yes    No  
**If yes, who performs this testing and what are their qualifications?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. **Do you present the client with remedial alternatives prior to performing the mold remediation along with the limitations of each alternative? (circle one)    Yes    No**  
**If yes, how is this documented?**  
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\_\_\_\_\_  
\_\_\_\_\_
15. **Who makes the final decision as to when mold remediation is complete, and how is this documented?**  
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\_\_\_\_\_  
\_\_\_\_\_
16. **Do you use temporary, casual, or labor pool workers? (circle one)    Yes    No**  
**If yes, how do you address training/qualifications of these workers?**  
\_\_\_\_\_  
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\_\_\_\_\_

17. **Do you require certificates of insurance from subcontractors evidencing mold coverage?**  
(circle one)    Yes    No  
If yes, what limits do you require?

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18. **Please attach copies of resumes of key staff and Project Managers for Mold Projects.**
19. **This is a supplemental application. Please forward an original signed and dated Market Environmental Consultants and Contractors Application.**

**FRAUD WARNING: APPLICABLE TO ALL STATES**

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

**WARRANTY STATEMENT**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

**Notice to 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

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(Signature)

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(Title)

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(Date)