

# Fire and Water Restoration Contractors Application



**Steadfast Insurance Company**  
Dover, Delaware

Administrative Offices:  
Zurich Towers, 1400 American Lane, Schaumburg, Illinois 60196-1056

## Instructions

1. Please answer all questions. If any section does not apply, please indicate with N/A.
2. If space is insufficient, attach additional sheets of paper
3. Have this Application signed and dated by an authorized owner, partner or director of the proposed first Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Applicant shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
4. Attach a list of Named Insured(s) to be covered under this policy and the relationship to the Applicant.
5. The following items must be included for a complete submission:
  - a. This Application
  - b. At least two years financial statements including profit and loss statement, balance sheet, and notes.
  - c. Currently valued general liability and contractor's pollution liability loss runs for the past five years.
  - d. Resumes/certifications of key personnel including any mold or restoration training certificates
  - f. Brochures/statement of qualifications
  - g. Project list-including the ten largest jobs initiated in the last three years *including description of jobs*
  - h. Sample contract for use with clients, sub-contractors and sub-consultants

Please indicate which coverage you are seeking

- Contractors Pollution Liability (CPL) only  
 Environmental Services Policy (ESP-Combined GL, CPL, E&O) *Include ACORD 125 and 126 for General Liability*

## I. General information

1. Named Insured:		Web site:	
		E-mail:	
Mailing Address:		Contact name and title:	
City:	State:	ZIP code:	Telephone:
2. How many years has the Applicant performed fire and water restoration services?			
3. Is the Applicant a franchise or industry group member? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which one?			
4. Named Insured is a <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint venture <input type="checkbox"/> Other _____			
5. Is the Applicant directly or indirectly associated with, controlled by, or owned by any other person or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please discuss below.			
6. Has the Applicant's name or form of business entity changed, or has any other person or entity been purchased by or merged with or consolidated into the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please detail changes in chronological order since inception below.			

## II. Coverage Information

7. Please list your current liability coverage information:

Coverage	Carrier	Premium	Limits	Expiration	Deductible	Retro Date
Contractors Pollution Occurrence/Claims Made						
General Liability						

## III. Exposure History – please provide gross revenue history

Year:	Current/Projected	Expiring	First Prior	Second Prior	Third Prior
Gross Sales (\$)	\$	\$	\$	\$	\$

**IV. Operations**

8. What is the geographical extent of the Applicant operations? Please provide the state/county, where services are performed and associated percentage of revenue: State/County: \_\_\_\_\_ % of Revenue: \_\_\_\_\_
9. Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired:
10. Have there been any significant changes in business strategy over the past year?  Yes  No
11. Have there been any significant changes in management over the past year?  Yes  No
12. Is the Applicant providing any services not provided last year?  Yes  No
13. Has the Applicant filed for bankruptcy in the last five years?  Yes  No  
If "yes" was answered for any of the above questions, please describe below.

**V. Breakout of operations:**

14. What percentage of your work is derived from insurance carriers? \_\_\_\_\_ %

15. Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients:

Category	Percent	Category	Percent
Insurance Company		Industrial	
Insurance Service Providers (i.e Crawford or Alacrity)- Please List: _____		Restoration Clearinghouses – Please List: _____	
Commercial		Federal Government	
Residential		State/Local Government	
Home Builders		Other (Specify) _____	
Plumbers		Other (Specify) _____	

16. SERVICES	Total Gross Sales	% Sub-Contracted	SERVICES	Total Gross Sales	% Sub-Contracted
Mold Abatement-Commercial			Painting-Interior		
Mold Abatement-Residence			Plumbing-Commercial		
H <sub>2</sub> O Extraction/Drying-Commercial			Plumbing-Residential		
H <sub>2</sub> O Extraction/Drying-Residential			Roofing		
Carpentry			Siding & Window Installation		
Drywall/Wallboard Installation			Interior Demolition		
Electrical			Debris Removal		
General Contracting-Commercial			Concrete/Masonry		
General Contracting-Residential			Flooring		
HVAC			Carpet/Upholstery Cleaning		
Insulation			Janitorial		
Crime Scene Cleanup			Drug Lab Cleanup		
Duct Cleaning			Other: _____		
Sewage Cleanup			Other: _____		

**VI. Claims and Circumstances**

17. Has the Applicant ever been subject to any claim by any client or other third party?  Yes  No  
If "Yes," please discuss below.
18. Has the Applicant ever been subject to any formal or informal disciplinary or enforcement action arising from any contracting operations or any action by any regulatory agency or any private party for any violation of any legal or any professional standard?  Yes  No If "Yes," please discuss below.
19. Does the Applicant have any knowledge of any claims or reasonably foreseeable potential claims arising from any contracting operations ever provided by the Applicant?  Yes  No;  
or any releases of any substance into the environment subsequent to the Applicant's involvement in the project, from or at any project where the Applicant ever provided contracting operations?  Yes  No  
If "Yes," please discuss below.

NOTES (please indicate what section or question to which the note(s) pertains):

NOTES(cont.):

**VII Warranty**

**AFTER REASONABLE INQUIRY, THE BELOW SIGNATORY ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGE TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGE IN THE OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY.**

**ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.**

**COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.**

Applicant's Name(print):			Applicant's Signature:		
Title:			Date:		
Insurance Representative:			Agency Name:		
City:	State:	ZIP code:	E-Mail Address:		
Telephone number:			Fax number:		
Surplus lines agent (SLA) (for the state where the named insured is domiciled):					
Address:		City:	State:	Zip Code:	
Surplus lines license number:			E-mail address:		

## **VIII. Notice to Applicant — State fraud warnings**

**The meaning assigned to any defined term used in this Application shall be equally applicable to both the singular and the plural forms of such term, and words denoting any gender shall include all genders. Where a word or phrase is defined herein, each of its other grammatical forms shall have a corresponding meaning.**

**The Applicant represents that the above statements are true and correct to the best of the Applicant's knowledge and that material or relevant facts have not been suppressed or misstated. Completion of this form does not bind coverage. This Application shall become part of the policy, if any issued by the company and shall be deemed to be attached to the policy.**

### **Notice to Arkansas Applicant**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

### **Notice to Colorado Applicant**

"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 Applicant**

"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."

### **Notice to Kentucky Applicant**

"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 Louisiana Applicant**

"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 and confinement in prison."

### **Notice to Maine Applicant**

"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 or a denial of insurance benefits."

### **Notice to Nebraska Applicant**

"No misrepresentation or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under this policy or contract unless such misrepresentation or warranty:

1. Was material;
2. Was made knowingly with the intent to deceive;
3. was relied and acted upon by the company; and,
4. deceived the company to its injury.

The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss."

### **Notice to New Jersey Applicant**

“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 Mexico Applicant**

“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 civil and criminal penalties.”

### **Notice to New York Applicant**

“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 Applicant**

“Any person who with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

### **Notice to Oklahoma Applicant**

“WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

### **Notice of Pennsylvania Applicant**

“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 Applicant**

“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 coverage.”

**Notice to Utah Applicant:** “Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.”

### **Notice to Virginia Applicant**

“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, fine and denial of insurance benefits.”

### **Notice to Washington D.C. Applicant**

“It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

### **Notice to All Other State 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.”