



Environmental Impairment Liability Mold, Mildew, Fungus Supplementary Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____

SECTION I. General Information

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Question 1: Have any water or indoor air quality related construction/maintenance defects or problems been encountered including, but not limited to, HVAC system problems, leaks in the roof/windows/siding, broken plumbing, basement flooding or sewer backups? If yes, please use Section V to specify details.
<input type="checkbox"/>	<input type="checkbox"/>	Question 2: Are any buildings in a 100-year flood plain or subject to surrounding areas of periodic pooling or flooding? If yes, please use Section V to specify details.
<input type="checkbox"/>	<input type="checkbox"/>	Question 3: Are any buildings subject to outside water exposure caused by watering systems and/or fountains?
<input type="checkbox"/>	<input type="checkbox"/>	Question 4: Do any of the buildings' exterior walls have an Exterior Insulation Finish System (EIFS)? If yes, please use Section V to specify details.
<input type="checkbox"/>	<input type="checkbox"/>	Question 5: Does a full time maintenance staff service the building(s)? If yes, please use Section V to specify details and attach a copy of the contract and certificate of insurance.
<input type="checkbox"/>	<input type="checkbox"/>	Question 6: Does any member of the maintenance staff have training in mold prevention and management? If yes, please use Section V to specify details and attach copies of training certificates.
<input type="checkbox"/>	<input type="checkbox"/>	Question 7: Have any of the buildings had mold, mildew, or fungus growth in which remediation was conducted at any time?
<input type="checkbox"/>	<input type="checkbox"/>	Question 8: Have any indoor air quality/mold, mildew, or fungus studies or inspections been done? If yes, please attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Question 9: Have any tenants, employees or visitors in the buildings listed in the application, at any time, complained of respiratory distress, mold or any other alleged building-related illness? If so, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Question 10: Do your tenant leases or agreements require landlord notification of all water losses? If yes, please attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Question 11: Do you have a water incident response/moisture intrusion and management plan in place? If yes, please attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Question 12: Are you aware of any losses to the buildings listed in this application either prior to or during the time that you have owned them?

SECTION II. Claims

Space is supplied in Section V for providing additional information

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have any claims been made previously against the Applicant or reported under any insurance policy arising from mold, mildew, or fungus? If YES, provide full details in Section V.
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission arising from indoor air quality or mold, mildew, or fungus at any property location listed in this application that may result in a claim being made against it or any other person or entity for whom coverage is sought? If YES, provide full details in Section V.

SECTION III. Property Location(s) Please complete for each location and submit additional pages, if necessary

Physical address #1:

Specify the total number of buildings to be covered at this location:

Building Description:

Bldg. #	Age	# Yrs. Owned	Construction	Primary Use	Residential Sq. Ft.	Commercial Sq Ft.	Industrial Sq. Ft.

Physical address #2:

Specify the total number of buildings to be covered at this location:

Building Description:

Bldg. #	Age	# Yrs. Owned	Construction	Primary Use	Residential Sq. Ft.	Commercial Sq Ft.	Industrial Sq. Ft.

Physical address #3:

Specify the total number of buildings to be covered at this location:

Building Description:

Bldg. #	Age	# Yrs. Owned	Construction	Primary Use	Residential Sq. Ft.	Commercial Sq Ft.	Industrial Sq. Ft.

SECTION IV. Mold, Mildew, Fungus Coverage Terms Requested							
Effective Date: _____				Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Two Year <input type="checkbox"/> Other _____			
Self Insured Retention Amount (Per Claim): <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other _____				Limit of Liability: <input type="checkbox"/> \$1M <input type="checkbox"/> Other _____			

SECTION V. Additional Information		Check here if this section does not apply. <input type="checkbox"/>
Please provide further descriptions below for questions which request additional detail:		
Question 1:	Specify defects/problems including dates:	
	Describe corrective measures including dates:	
Question 2:	Specify date of most recent flood impact:	
	Describe precautions implemented to mitigate future damage:	
Question 4:	Has there ever been any water intrusion? <input type="checkbox"/> yes <input type="checkbox"/> no	
	Identify date of last inspection:	
Question 5:	Supervisor's Name:	
	Supervisor's Phone #:	
Question 6:	Describe training:	
	Provide names and phone numbers of trained staff:	
Claims Details:		

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the Company's quotation and the Company's written agreement to be bound is required to bind coverage and to issue policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

GENERAL FRAUD STATEMENT: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED. [NOT APPLICABLE IN COLORADO, HAWAII, NEBRASKA, OHIO, OKLAHOMA, UTAH AND VERMONT]"

NOTICE TO COLORADO APPLICANTS: "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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR

CLAIMANT WITH REGARD TO SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

NOTICE TO HAWAII APPLICANTS: “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO OKLAHOMA APPLICANTS: “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 TO UTAH APPLICANTS: “FOR YOUR PROTECTION, UTAH LAW REQUIRES THE FOLLOWING TO BE INCLUDED IN THIS APPLICATION: 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 OR 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.”

The Signatory hereby acknowledges that he/she is aware that the aggregate limit is shared among all coverages offered and that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Signatory hereby further acknowledges that legal defense costs that are incurred shall be applied against the self-insured retention amount.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissory warrants that he/she will submit to American Safety Insurance supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissory warrants that he/she will inform American Safety Insurance of any change or omission with respect to any answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by American Safety Insurance and is incorporated and made part of the policy. American Safety Insurance will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to American Safety Insurance also are made to the issuing carrier.

APPLICANT _____
Signature of Principal or Officer

DATE _____

PRODUCER _____
Signature of Producer

DATE _____