



APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

**ROCK HILL**  
INSURANCE COMPANY

## RESTORATION AND MOLD RENEWAL APPLICATION

### SECTION A: APPLICANT INFORMATION

APPLICANT

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CONTACT NAME

CONTACT E-MAIL

CONTACT PHONE #

WEBSITE ADDRESS

COMPANY IS:

Individual

Corporation

LLC

Partnership

Other (Specify)

PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

### SECTION B: GROSS RECEIPTS PAST THREE (3) FISCAL YEARS

	FISCAL YEAR	RECEIPTS	
1 <sup>st</sup> prior year			<p>Note: <u>Gross Receipts</u> are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under "Other" (be specific).</p>
2 <sup>nd</sup> prior year			
3 <sup>rd</sup> prior year			

### SECTION C: OPERATIONS/PROCEDURES

- Total percent of all work subcontracted to others:      %
- Please list all states where you perform operations:  
If you perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties?      Yes      No      If yes, what percent?      %
- Do you have current mold training certification?      Yes      No      If yes, please attach copies of the certifications.

### SECTION D: CLAIMS

- Have any claims been made against the Applicant or reported under any Commercial General Liability or Professional Liability policies in the past year?      Yes      No
- Has any claim, suit or notice of incident been made against the firm or any staff member?      Yes      No  
If yes, please attach full details on each incident.
- Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member?      Yes      No  
If yes, please attach full details on each incident.

**SECTION E: EMERGENCY RESPONSE, MOLD & ENVIRONMENTAL CONTRACTING**

Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Abatement Contracting - Mold			Trucking – Hazardous Materials		
Air Duct Cleaning			Waste Contracting – Hazardous Materials		
Debris Removal (Hazardous Materials)			Waste Contracting – Non-Hazardous Materials		
Debris Removal (Non Hazardous/Waste)			Water Extraction		
Emergency/Spill Response – Fire (No Build Back)			Other (Specify)		
Liquid Waste Management and Treatment			Other (Specify)		
Mold Prevention			Other (Specify)		
Sewage Waste Remediation			<b>TOTALS</b>		

**SECTION F: RECONSTRUCTION OF PROPERTY DAMAGED BY FIRE/WATER/MOLD**

Check here if this section does not apply

**INCLUDE ONLY BUILD/BACK OPERATIONS ASSOCIATED WITH FIRE/WATER/MOLD DAMAGE**

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Build/Back Restoration			Industrial Ceaning Maintenane		
Carpentry			Interior Demolitiona/By hand more than 6 stories		
Carpet, Rug, Furniture or Upholstery Cleaning			Interior Demolition/ By hand not more than 6 stories		
Concrete Construction - Foundation Work			Janitorial Contents Cleaning		
Drywall or Wall Installation			Painting		
EIFS			Plastering or Stucco Work (No EIFS)		
Electrical Contracting			Plumbing		
Exterior Demolition of 4 Story Buildings			Roofing		
Floor Covering Installation - Not Ceramic or Stone Tiles			Other (Specify)		
Framing			Other (Specify)		
HVAC			<b>TOTALS</b>		

**SECTION G: MOLD, MILDEW, FUNGUS CONSULTING/LABORATORY**

Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Mold Analytical Laboratories			Other Mold Operations (Specify)		
Mold Consulting			Other Mold Operations (Specify)		
Mold Inspection			Other Mold Operations (Specify)		
Mold Post Remediation Sampling			Other Mold Operations (Specify)		
Project Remediation Mold Design			<b>TOTALS</b>		

**SECTION H: DO YOU PERFORM ANY OPERATIONS NOT RELATED TO RESTORATION AND MOLD CONTRACTING?  
INCLUDE ALL REMODELING AND BUILD/BACK NOT ASSOCIATED WITH FIRE/WATER/MOLD DAMAGE****Yes****No**

<b>OPERATIONS</b>	<b>PROJECTED GROSS REVENUE</b>	<b>% SUBBED TO OTHERS</b>	<b>OPERATIONS</b>	<b>PROJECTED GROSS REVENUE</b>	<b>% SUBBED TO OTHERS</b>
			<b>TOTALS</b>		
<b>TOTAL REVENUE FOR ALL OPERATIONS</b>					

**SECTION I: SUBCONTRACTED OPERATIONS** Check here if this section does not apply

- Total percent of all work subcontracted to others:**  %
- Do you require a Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors?** **Yes** **No**
- Does your Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors contain?**  
Hold Harmless & Indemnification Clause in your Favor  
Detailed Scope of Services Clause  
Requirement that you be named as an Additional Insured on their CGL policy  
Requirement that you be granted a Waiver of Subrogation on their CGL policy
- Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors**  
Commercial General Liability  Contractors Pollutions Liability  Professional Liability
- Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors?**  
**Yes** **No**
- Does your firm collect Certificates of Insurance from all Subcontractors?** **Yes** **No**

**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 or 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.
- You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Date:

Title: