

Quaker Special Risk

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MOLD CONTRACTOR AND CONSULTANTS SUPPLEMENTAL APPLICATION

INSTRUCTIONS: Please complete all sections of this Application. Please read all questions carefully and provide complete answers. Failure to provide complete information may result in delay in consideration of this Application. This Application is NOT an insurance policy and the Company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper. All Applicants must sign the Application where indicated.

1. In which states do you perform your operations? _____
2. a. Does the applicant utilize a written protocol for water leaks, intrusion or mold issues at the project site? Yes No
b. Does the applicant utilize a written protocol for handling mold reports or complaints? Yes No
3. Does the applicant communicate to the client that mold problems almost certainly will reoccur if moisture problems are not resolved? Yes No
If Yes, how is this documented? _____
4. a. Does the applicant ever accept responsibility to diagnose, correct, or warranty against, the moisture problems that contribute to creating mold problems? Yes No
b. What documentation confirms and communicates this to the client? (Please attach copy of documentation.)

5. Does the applicant utilize a disclaimer or limitation of liability in the applicant's contracts for mold? Yes No
6. What percentage of the applicant's revenues is attributable to habitational/residential work? _____ %
7. Indicate below the applicant's operations, total receipts and the breakdown of receipts by operations performed:

| Operations | Previous Year Receipts | Current Year Receipts | Projected Receipts |
|-----------------------|------------------------|-----------------------|--------------------|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| TOTAL RECEIPTS | \$ | \$ | \$ |

8. Does the applicant require certificates of insurance from subcontractors evidencing mold coverage? Yes No
If Yes, what limits does the applicant require? _____
9. Please attach copies of resumes of key staff and project managers for Mold projects.
10. What measures are employed to protect personnel at or in proximity to the job site? _____

11. What guidelines does the applicant adhere to in the performance of mold services? _____

12. Does the applicant use temporary, casual or labor pool workers? Yes No
If Yes, how does the applicant address training/qualifications of these workers? _____

13. How are odor complaints, allergic reactions, potential health problems or claims addressed? _____
-
14. How does the applicant 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?
-
15. Does the applicant perform air quality testing prior to, during, and after remediation? Yes No
 If Yes, who performs this testing and what are their qualifications? _____
-
16. Does the applicant perform bulk and/or surface sampling prior to and after remediation? Yes No
 If Yes, who performs this sampling and what are their qualifications? _____
-
17. Does the applicant present the client with remedial alternatives prior to performing the mold remediation along with the limitations of each alternative? Yes No
 If Yes, how is this documented? _____
-
18. Who makes the final decision as to when mold remediation is complete, and how is this documented?
-
19. Is the applicant aware of any known incidents, claims or other circumstances concerning the existence, growth or presence of mold in any of the applicant's previous work or projects? Yes No

This is a supplemental application. Please forward an original signed and dated ARGO PRO 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 injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a felony or misdemeanor and subject to appropriate prosecution.

 Applicant's Signature

 Date

 Print Name

 Title

2. Please list your estimated receipts **including subcontracted work** for the next 12 months next to the appropriate category. List services not described below under "Other" (please be specific):

| Contracting | | Consulting/Laboratory | |
|---|----|---|----|
| Above Ground Storage Tank Installation | \$ | Air Monitoring | \$ |
| Above Ground Storage Tank Removal | \$ | Analytical Laboratories | \$ |
| Underground Storage Tank Installation | \$ | Civil Engineering | \$ |
| Underground Storage Tank Removal | \$ | Environmental Compliance | \$ |
| Asbestos Abatement | \$ | Environmental Impact Studies | \$ |
| Bio Remediation | \$ | Environmental Permitting | \$ |
| Drilling (not oil/gas) | \$ | Environmental Sampling | \$ |
| Emergency Response | \$ | Expert Witness | \$ |
| Hazardous Materials Clean Up | \$ | Geotechnical (i.e. foundation, retaining wall, slope stability, etc.) | \$ |
| Hazardous Materials Packing / Pickup | \$ | | |
| Lead Abatement | \$ | Geophysical (i.e. drilling, sampling, etc.) | \$ |
| Liquid Waste Remediation | \$ | Hazardous Materials Consulting | \$ |
| Mold Remediation | \$ | Hydrogeological Investigations | \$ |
| PCB Removal / Remediation | \$ | Litigation Support | \$ |
| Non-Environmental Contracting | | Manual Preparation | \$ |
| Carpentry | \$ | Mold Evaluation / Consulting | \$ |
| Demolition | \$ | Phase I Environmental Assessments | \$ |
| Fire / Water Restoration | \$ | Phase II & III Environmental Assessments | \$ |
| Plumbing | \$ | Project Management | \$ |
| Roofing | \$ | Remedial Design | \$ |
| Soil Removal / Remediation | \$ | Remedial Investigation / Studies | \$ |
| Soil Excavation – other than petroleum | \$ | Remediation Oversight | \$ |
| Tank and/or Pipe Cleaning | \$ | Safety Training | \$ |
| Wetlands Contracting | \$ | Underground Storage Tank Testing | \$ |
| Other – Contracting | | Wetlands | \$ |
| Describe: _____ | \$ | Other - Consulting / Laboratory | |
| Describe: _____ | \$ | Describe: _____ | \$ |
| Describe: _____ | \$ | Describe: _____ | \$ |
| Describe: _____ | \$ | Describe: _____ | \$ |
| Total Projected Contracting Gross Receipts: \$ _____ | | Total Projected Consulting/Laboratory Gross Receipts: \$ _____ | |

PRIOR CARRIER LIABILITY INFORMATION (Past Three Years)

1. Please indicate the following for your current and prior carriers:

| Coverage Form | Carrier | Receipts | Limit of Liability | Deductible | Policy Type | Rate | Premium |
|---------------|---------|----------|--------------------|------------|-------------|------|---------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years? Yes No
 If Yes, please explain: _____

HISTORY OF COMPANY (Please explain all "Yes" responses.)

1. Date Company was established: _____
2. Is work done through or by any affiliated or related company(s)? Yes No
 If Yes, please explain: _____

3. Is the applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? Yes No
 If Yes, please explain: _____

4. Has the applicant or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? Yes No
 If Yes, please explain: _____

5. Has the applicant, or any affiliated, related predecessor entity or any officer or owner ever been convicted of a crime? Yes No
 If Yes, please explain: _____

6. Is the applicant a successor of any other business? Yes No
 If Yes, please list predecessor: _____

7. Is the applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees or commingling of affiliated or related operations or services of any kind? Yes No
 If Yes, please explain: _____

SUBCONTRACTED SERVICES (Please explain all "No" responses.)

1. Please identify the services that are subcontracted:

| Description | Applicable Cost |
|-------------|-----------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

- 2. Is a standard written contract used with the applicant's clients and/or subcontractors, including hold harmless and limitation of liability clause? Yes No
- 3. Are the subcontractors required to name the applicant as an additional insured? Yes No
- 4. Does the applicant collect certificates of insurance from all subcontractors? Yes No
- 5. Are all subcontractors licensed and accredited? Yes No

GENERAL INFORMATION (Please explain all "Yes" responses.)

- 1. Does the applicant directly or indirectly perform work on residential properties? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %
- 2. Are more than 50% of the applicant's services subcontracted? Yes No
- 3. Is the applicant applying for project specific coverage? Yes No
 If Yes, please attach a copy of the contract for the project and project supplemental application.
- 4. Are any of the applicant's revenues generated by contracting services performed in New York City? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %
- 5. Does the applicant conduct tank installation work? Yes No
 If Yes, please answer the following:
 - a. What percentage of the applicant's overall sales is associated with this operation? _____ %
 - b. Are the installed tanks precision tightness tested before being released to owner? Yes No
 - c. Does the applicant apply any type of corrosion protection? Yes No
 - d. Are tanks tested and certified by a registered professional prior to use? Yes No

Please submit the following: Resumes and certifications of all tank installation employees, type of tanks applicant installs, type of corrosion protection applicant installs and installation procedures.
- 6. Does the applicant install any type of liner, i.e., landfill, lagoons, etc.? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %

Please submit the following: Resumes and certifications of employees installing the liners, installation procedures and testing procedures for the installed liners.
- 7. Does the applicant conduct more than 10% geotechnical or geophysical operations? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %

Please submit the following: A detailed list of the applicant's geotechnical and geophysical operations and detailed resumes of employees who conduct these operations.
- 8. Does the applicant conduct any Phase I or Real Estate Transfer Assessments? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %
 If Yes, does the applicant follow ASTM-1527 guidelines? Yes No

Please submit the following: A sample contract if the applicant utilizes a different format than indicated in ASTM-1527 guidelines.
- 9. Does the applicant conduct any type of mold contracting or mold consulting work? Yes No
 If Yes, please complete and attach a Supplemental Mold Contractors and Consultants Application.
 If No, but the applicant is interested in being considered for claims-made mold coverage for claims that may arise from the applicant's contracting operations, please complete and attach a Supplemental Mold Application.

10. Total personnel (list each person only once, by primary function):

- Architects, Engineers, Geologists, Hydrogeologists _____
- Industrial Hygienists, Toxicologists, CIHs or CSPs _____
- Supervisors/Foremen/Leadmen _____
- Draftsmen, Technicians _____
- Laborers _____
- AHERA, Hazwopers _____
- Other (please specify primary function and count per primary function): _____

TRANSIT INFORMATION NOT APPLICABLE

- What is the radius (in miles) of operations? _____
- Are driver training and a MVR review policy in place? Yes No
- If pollution coverage is desired, please indicate vehicle type and VIN below:

| Vehicle Type | VIN |
|--------------|-----|
| | |
| | |
| | |
| | |

- Does the applicant have EPA or State status required to transport and/or store waste materials generated from your work? (If Yes, attach an explanation and complete table below.) Yes No

| MATERIALS TRANSPORTED | AMOUNT TRANSPORTED AT ANY ONE TIME |
|-----------------------|------------------------------------|
| | |
| | |
| | |

STORAGE TANK INFORMATION NOT APPLICABLE

- What types of tanks are installed? _____
- Number of years experience: _____
- Approximately how many tanks will be removed over the next twelve (12) months? _____
- Approximately how many tanks will be installed over the next twelve (12) months? _____

SAMPLING AND MONITORING PROCEDURES

- Check appropriate boxes for applicant's typical sampling and monitoring procedures in work areas:
- Sampling done by Applicant's employees Sampling done by independent laboratory/consultant
 - Analysis done by Applicant's employees Analysis done by independent laboratory
 - Waste Characteristic Sampling Closure Sampling: Type: _____ Clearance Sampling

DISPOSAL PROCEDURES NOT APPLICABLE

- Indicate procedures the applicant employs in the disposal of hazardous materials/substances:
- Manifested or Disposal Forms? Yes No Drummed/over pack? Yes No
 - Bagged in two 6 mil bags and labeled? Yes No Transportation by independent hauler? Yes No
 - Treatment (on/off site)? Yes No Transported by Applicant? Yes No

CLAIM INFORMATION (Please explain all "Yes" responses.)

1. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No

If Yes, please provide full details on each incident: _____

2. 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 and/or has any claim, suit or notice of incident been made against the firm or any staff member? Yes No

If Yes, please provide full details on each incident: _____

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Applicant's Signature

Date

Print Name

Title