



Main Office  
397 Eagleview Blvd.  
Suite 100  
Exton, PA 19341

## Indoor Air Quality and Mold Liability Insurance Application

**Instructions:**

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.

**Required Attachments:**

- Please provide copies of your last three (3) years of Pollution Liability, Property and General Liability loss history.
- Please provide copies of your last two (2) years of financial statements and/or 10K reports.
- Please submit the most recent environmental reports for the locations for which coverage is being requested.
- Please provide copies of available property inspection reports. (i.e. Property Condition Assessments, Property Loss Control Reports, etc.)
- Please provide a copy of your Water Intrusion Management Plan/Mold Operation and Maintenance Plan.

**NOTICE: The coverage applied for is solely as stated in the Policy and any endorsement(s) attached thereto.**

**General Information**

1. Name of Applicant \_\_\_\_\_  
 Principal Contact \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Website http:// \_\_\_\_\_  
 Years in Business \_\_\_\_\_

2. Desired effective date of coverage \_\_\_\_\_

3. Desired length of policy term \_\_\_\_\_

4. Retroactive Date and/or Reverse Retroactive Date (please specify) on current policy \_\_\_\_\_

5. Desired Limits of Liability and Retention Amount:  
 Each Loss Limit \$ \_\_\_\_\_  
 Aggregate Limit \$ \_\_\_\_\_  
 Retention Amount \$ \_\_\_\_\_

6. Current Premium \$ \_\_\_\_\_

7. Describe in detail the Insured's Operations

8. Please list any acquired, affiliated, parent, predecessor, related, subsidiary or other firms for which coverage is requested:

Name of Company	Relation to Named Insured	Revenues associated with this Company

General Information *Continued*

	Yes	No
9. Has any proposed location had an indoor air quality and/or mold problem that cost more than \$20,000 to resolve? <b>If yes, please describe:</b>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any visible signs of mold growth at any proposed location? <b>If yes, please describe and approximate the square footage impacted:</b>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have any proposed locations had construction defects or maintenance problems that resulted in indoor air quality and/or mold problems? <b>If yes, please describe:</b>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a complaint ever been made by a third party relating to indoor air quality and/or mold problems at a proposed location? <b>If yes, please describe:</b>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a formal process to document and track indoor air quality and/or mold complaints?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have indoor air quality and/or mold inspections been performed at the processed locations? <b>If yes, were any indoor air quality or mold issues identified?</b> <b>If yes, please describe and attach the related report(s.):</b>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are any proposed locations in flood plains or otherwise subject to periodic flooding or the ponding of water? <b>If yes, please describe and explain what steps have been taken to prevent future damage:</b>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have employees on-site and dedicated to the management of the proposed locations? <b>If yes, have the employees undergone specific training with regards to indoor air quality and/or mold?</b>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you use an unrelated Property Management Company to manage the proposed locations? <b>If yes, please provide the name and address of the Property Management Company:</b>  <b>If yes, do you require the Property Management Company to carry environmental insurance for the proposed locations?</b> <b>If yes, please specify the limit of liability required to be carried by the Property Manager or attach a certificate of insurance:</b>	<input type="checkbox"/>	<input type="checkbox"/>
18. Within the last five (5) years has the applicant purchased this type of insurance coverage? <b>If yes, please provide information regarding any such coverage and all available loss information.</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Supplemental Information *Continued***

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 19. Within the last five (5) years have any claims been made or legal actions <i>(including regulatory actions)</i> been brought against any prospective Insureds?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy? | <input type="checkbox"/> | <input type="checkbox"/> |

**If the answer to question 19., 20., 21., or 22. above was yes,** please provide a description of the circumstance or claim (detail the actual or alleged incident, location, date, type of injury and/or damage, etc.). In addition, provide information as to what actions have been taken by the proposed insured(s) to mitigate or avoid a similar loss from occurring again.

**This document was issued or made by the Company in the course of its insurance business in Canada.**

**Warranty, Authorized Signature and Continuing Duty To Update**

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American Insurance Company and its affiliates and made a part of this application:

1. Will be relied upon by Great American Insurance Company and its affiliates in determining the acceptability of the prospective Insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

**Signature of Authorized Applicant** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature of Authorized Applicant** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed by Licensed Resident Agent** \_\_\_\_\_  
*(Where Required By Law)*