



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

Supplemental Application for Indoor Air Quality and Mold Liability Insurance

Named Insured _____

NOTICE: This supplemental application forms a part of the Application for Environmental Insurance.

Instructions:

- 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 five (5) years of Property and General Liability loss history.
- Please provide a copy of current Statement of Values for proposed locations.
- Please provide copies of available building inspection reports.
- Please provide a copy of your Water Intrusion Management Plan/Mold Operation and Maintenance Plan.

Supplemental Information

	Yes	No
1. Has any proposed location had an indoor air quality and/or mold problem that cost more than \$20,000 to resolve? If yes, please describe.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any visible signs of mold growth at any proposed location? If yes, please please describe and approximate the square footage impacted.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any proposed locations had construction defects or maintenance problems that resulted in indoor air quality and/or mold problems? If yes, please describe.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a complaint ever been made by a third party relating to indoor air quality and/or mold problems at a proposed location? If yes, please describe.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a formal process to document and track indoor air quality and/or mold complaints?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have indoor air quality and/or mold inspections been performed at the proposed locations? If yes, were any indoor air quality or mold issues identified? If yes, please describe and attach the related report(s).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Supplemental Information *Continued*

	Yes	No
7. Are any proposed locations in flood plains or otherwise subject to periodic flooding or the ponding of water? If yes , please describe and explain what steps have been taken to prevent future damage.	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have employees on-site and dedicated to the management of the proposed locations? If yes , have the employees undergone specific training with regards to indoor air quality and/or mold?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you use an unrelated Property Management Company to manage the proposed locations? If yes , please provide the Name and Address of the Property Management Company.	<input type="checkbox"/>	<input type="checkbox"/>
If yes , do you require the Property Manager to carry environmental insurance for the proposed locations? If yes , please specify the limit of liability required to be carried by the Property Manager or attach a certificate of insurance.	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Initials _____ **Date** _____