



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 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.

	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 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: _____ If yes , do you require the Property Manager to carry environmental insurance for the proposed locations?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

It is acknowledged by the applicant that this Supplemental Application is considered part of the Application for Environmental Insurance and is subject to the same terms and conditions.

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

Applicant's Initials _____ **Date** _____

Administrative Offices, 301 E. Fourth Street, Cincinnati, OH 45202

Insurance policies are underwritten by one of the following surplus lines insurers: Great American E & S Insurance Company, Great American Fidelity Insurance Company or Great American Protection Insurance Company. Not available in all jurisdictions. This application is not intended for use by or directed to any person or entity in any jurisdiction in which the solicitation, offer, sale or purchase of non-admitted insurance would be unlawful under the insurance laws and regulations of such jurisdiction.