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| **Mold Pro**  **It’s as Simple as A - B - C** |



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| 1. **Confirm the eligibility of the risk from the criteria** 2. **Select the coverage, limits and premium amount** 3. **Complete the CPL Application on back and submit to an Authorized EEUM Producer to bind coverage** | | | | | | | | | | | | | | | | | | |
| Eligible Business:  Virtually all artisan contractors involved in the building and repairs of small structures and / or homes | | | | | | | | | | | | | | | | | | |
| Product Highlights   * Claims Made Contractors Mold Liability * $1,000 Per Claim Deductible * Limit options up to $1,000,000 * Per Project / Per Contract Options available – (Premium is fully earned at inception) * Prior Acts Coverage / Retro Coverage to match expiring policy (Up to 3 years for no additional charge) * Blanket Additional Insured and Primary Endorsements included – with Numerous optional endorsements | | | | | | | | | | | | | | | | | | |
| 1. **To be Eligible for coverage at the premium and limit options attached, the applicant’s response to the following questions must be “Yes”** **unless otherwise indicated (If not terms are subject to change)** | | | | | | | | | | | | | | | | | | |
| Are you Independently Owned and Operated? | | | | | | | | | | | | | | | **Yes** | | **No** | |
| Do you have Less than $1,000,001 Annual Projected Sales? | | | | | | | | | | | | | | | **Yes** | | **No** | |
| Have you been in business or licensed (where required) for at least 3 years?  \* **If no, please submit resumes and or certifications of key personnel with bind order.** | | | | | | | | | | | | | | | **Yes** | | **No** | |
| Is CGL Coverage & Annual Premium of less than $10,000 currently in place? | | | | | | | | | | | | | | | **Yes** | | **No** | |
| Do you currently have Contractors Pollution Insurance with a retroactive date? **Yes**  **No**  **\* If yes, please indicate date:** Select Date  **\* If yes, also provide a copy of your expiring Declaration page as evidence.** | | | | | | | | | | | | | | | | | | |
| Do you subcontract more than 50% of your work to others?  **\*If yes, will trigger “Subcontractor’s Amendatory” Endorsement** | | | | | | | | | | | | | | | **Yes** | | **No** | |
| Which of the Categories listed below best describe your Primary Operations? **\*Check all that apply** | | | | | | | | | | | | | | | | | | |
| Appliance Installation | | | | | | | | | Carpet Cleaning / Customers Premises | | | | | | | | | |
| Carpentry / Framing | | | | | | | | | Concrete - Work | | | | | | | | | |
| Drywall or Wallboard Installation | | | | | | | | | Driveway, Sidewalk, Parking – Paving / Repaving | | | | | | | | | |
| Electrical | | | | | | | | | Excavation | | | | | | | | | |
| Fencing | | | | | | | | | Flooring | | | | | | | | | |
| General Contracting | | | | | | | | | Glass Glazers | | | | | | | | | |
| Grading of Land | | | | | | | | | HVAC | | | | | | | | | |
| Insulation Work | | | | | | | | | Janitorial / Cleaning | | | | | | | | | |
| Landscaping / Landscape Gardening | | | | | | | | | Masonry (No EIFS) | | | | | | | | | |
| Metal Erection (non-structural) | | | | | | | | | Painting | | | | | | | | | |
| Plastering or Stucco Work (No EIFS) | | | | | | | | | Plumbing | | | | | | | | | |
| Roofing | | | | | | | | | Swimming Pool Construction | | | | | | | | | |
| Has your license been Revoked, Suspended, or subject to any disciplinary action by any licensing board, association or other regulatory body in last 5 years? \*If yes, STOP | | | | | | | | | | | | | | | | **Yes** | | **No** |
| Has your company had any Water Damage or Pollution claims in the past 3 years? \*If yes, STOP | | | | | | | | | | | | | | | | **Yes** | | **No** |
| Do you perform any Environmental Remediation or Abatement Operations? \*If yes, STOP | | | | | | | | | | | | | | | | **Yes** | | **No** |
| Are any operations performed in the Greater NYC Area? \*If yes, STOP | | | | | | | | | | | | | | | | **Yes** | | **No** |
| **B) Select the Coverage, Limit and Premium Amount by Applicable Gross Sales** | | | | | | | | | | | | | | | | | | |
| **Contractors Pollution Liability, Occurrence form $1,000** **Deductible (Please only select one)**  **Is this Policy for Per Project / Per Contract:** Yes  No  **If so, use revenue of project in lieu of Gross Sales.**  **\*Please advise Project Name, Start/Finish Dates, Gross Sales, Location and Operations.** | | | | | | | | | | | | | | | | | | |
| Limits | | | Gross Sales Up  To $500,000 | | | | | | Gross Sales Up  To $750,000 | | | Gross Sales Up  To $1,000,000 | | | | | | |
| $250K/$500K | | | $500 | | | | | | $525 | | | $550 | | | | | | |
| $500K/$500K | | | $525 | | | | | | $550 | | | $575 | | | | | | |
| $1MM/$2MM | | | $550 | | | | | | $632 | | | $645 | | | | | | |
| \*All policies are subject to applicable fees and taxes and premium is 25% ME at inception.  Note - On Per Project / Contract policies – all premiums, fees and taxes are fully earned at inception.  **\*ALL PREMIUMS ARE SUBJECT TO A $50 FULLY EARNED CARRIER FEE AND A $50 FULLY EARNED POLICY FEE\*** | | | | | | | | | | | | | | | | | | |
| **List of forms and endorsements included:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Contractors Mold Liability - Claims Made Form** | | | | |  | | | Waiver of Subrogation (when required by contract) | | | |  | | | Additional insured/Ongoing Operations (when required by contract) | | | | | | | | Primary Coverage (when required by contract) | | | | | | | | **Optional endorsements:** | |  |  | |  | | | Additional insured/completed operations (when required by contract) $25 | | | | | | | | Primary Non Contributory (when required by contract) $25 | | | | | | | | Named Additional Insured $25 | | | | | | | | Transportation Pollution $250 | | | | | | | | Non Owned Disposal Site (when required by contract) $25 | | | | | | | | Subcontractors Amendatory (Mandatory for General Contractors, etc.) No Charge | | | | | | | | Site Pollution - Contractors Yard | **\*Requires Supplemental Application** $100 | | | | | | |   If any AST's (Above Ground Storage Tanks) are on site Additional Charge TBD | | | | | | | | | | | | | | | | | | | |
| **C) Complete the Below Section and submit to an Authorized EEUM Producer to bind coverage** | | | | | | | | | | | | | | | | | | |
| NAME OF APPLICANT: Text | | | | | | | | | | | | | DATE: Select Date | | | | | |
| MAILING ADDRESS: Text | | | | | CITY: Text | | | | | STATE: Text | | | ZIP CODE: Text | | | | | |
| TELEPHONE: Text | | | | | | | WEB ADDRESS: Text | | | | | | | | | | | |
| Company is an: | | INDIVIDUAL | | CORPORATION | | | | PARTNERSHIP | | | LLC | | | OTHER | | | | |
| 1. Number of Directors / Officers? Text | | | | | | 1. Total Personnel? Text | | | | | | | | | | | | |
| Acceptance or Rejection of Terrorism Insurance Coverage | | | | | | | | | | | | | | | | | | |
|  | I hereby elect to purchase terrorism coverage for certified acts of terrorism for 8% Additional Charge. | | | | | | | | | | | | | | | | | |
|  | I hereby decline to purchase terrorism coverage for certified acts of terrorism. | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | |
| **Please note this application including rates and coverages are only valid if bound prior to 12/31/2018**  **\*Coverage is not considered Bound until an Authorized EEUM Representative confirms in writing\*** | | | | | | | | | | | | | | | | | | |
| Signature of Insured: | | | | | | | | | | | | | | | | | | |
| Title: | | | | | | | | | Date: | | | | | | | | | |

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