

Microbial Matter Supplemental Questionnaire

1. Named Insured: _____
 Address: _____

 Contact & Title: _____ Phone #: _____
2. Does the applicant's loss history show any construction projects where water leaks or flooding has occurred in the last 3 years? Yes No
 If yes, please attach description of any claims for mold/mildew or viruses.
3. Other than above, have there been any reported claims to due mold, mildew or bacteria in any of you contracting activities? Yes No
 If so, please describe: _____
4. Have there been any odor complaints, allergic reactions, or other symptoms associated with building conditions for any projects where the applicant performed professional service or contracting activities? Yes No
 If so, please describe: _____
5. Does the applicant have established protocol for the prevention of mold? Yes No
 If so, please describe: _____
6. Does the applicant contract for or conduct mold remediation? Yes No
 If so, what are the applicant's qualifications? _____
7. Does the applicant perform building inspections? Yes No
 If yes, what percentage of revenue? _____%
8. Does the applicant perform indoor air testing? Yes No
 If yes, what percentage of revenue? _____%
 Who performs this testing? _____
9. Does the applicant have an industrial hygienist on staff? Yes No
10. Does the applicant subcontract the analysis of mold to an outside laboratory? Yes No
11. Does the applicant conduct property surveys when the owner takes possession? Yes No
 If yes, does the survey include any potential mold issues? Yes No
12. Does the applicant's contracting activities contracts contain any disclaimers or limitation of liability for the existence of mold? Yes No
 Please attach contract
13. Attach a description of the applicant's procedures in respect for mold:
- Containment
 - Health and Safety
 - Disposal

FRAUD STATEMENT

Any person who knowingly and with the 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.

APPLICANT: _____ DATE _____
 (signature of officer of corporation)

APPLICANT _____
 (print name & title)