

**BONDING & INSURANCE SPECIALISTS AGENCY, INC.  
(BISA)**

**9340 S. Harlem Avenue, Bridgeview, IL 60455  
800-346-1031 Fax: 708-598-6686**

**APPLICATION FOR FIRE AND WATER RESTORATION CONTRACTORS**

The coverage you are applying for includes three coverage parts: I. Commercial General Liability; II Pollution Liability; III. "Fungi" (Mold) and Bacteria Liability. Coverage Part I, Commercial General Liability, is Occurrence type. Coverage Part II, Pollution, may be Occurrence or Claims-Made type. Coverage Part III is written claims-made.

Instructions

1. Please complete this application. All questions applicable to your operations must be answered. If space on this form is insufficient to provide a complete answer, please attach information on separate sheets.
2. Application form must be signed and dated by an owner, partner or director/officer of your firm.
3. Additional information required for this submission:
  - Resumes of key personnel
  - Mold training certificates
  - Financial statements for last 2 years or tax returns
  - 3 years loss history applicable to coverages requested
  - Sample Client and Subcontractor contract forms
  - Sample of proposal to prospective client
  - SOP (Standard Operations Procedure) manual detailing mold inspection, removal & remediation procedures (Not required if IICRC certified and IICRC guidelines are followed)

---

**Proposed Limits:** \_\_\_\_\_ **Proposed Deductible(s):** \_\_\_\_\_

**Proposed Effective Date:** \_\_\_\_\_ **Proposed Retro Date:** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

---

**Part I: APPLICANT**

1. Full Name of Entity(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ FEIN # \_\_\_\_\_  
Email Address \_\_\_\_\_ Web Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Company is \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Joint Venture \_\_\_ Other (describe)

Years in business \_\_\_\_\_ Years performing fire & water restoration services \_\_\_\_\_

Has the name of the firm been changed or has any other business been purchased or has any merger or consolidation taken place? \_\_\_ Yes \_\_\_ No If so, please detail changes in chronological order since inception

Does the firm have: Subsidiaries \_\_\_\_\_ A Parent Company \_\_\_\_\_ Other Related Entities \_\_\_\_\_  
If yes, describe:

Have there been any significant changes in operations, business focus or management over the past year? If yes, explain:

2. Address of any other locations for branch offices or subsidiaries:

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Please describe the general geographic areas where you primarily work. List states and percentage of your total operation performed in that state.

4. Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients you contract with:

Category	Category	Percent
Residential _____	Insurance Company _____	
Commercial _____	Government _____	

What percentage of your work is with repeat customers? \_\_\_\_\_ %

5. Is the applicant a member of a franchised organization? Yes \_\_\_ No \_\_\_ If yes, which one? \_\_\_\_\_

6. Total Staff of Personnel of Applicant: \_\_\_\_\_

Breakout of Personnel:

Principals \_\_\_\_\_ Supervisors / Foremen \_\_\_\_\_  
Industrial Hygienists \_\_\_\_\_ Field Personnel \_\_\_\_\_  
Clerical, Technical \_\_\_\_\_

## Part II: Receipts and Operations

1. Receipts (include all invoiced work for the appropriate period)

a. Total Receipts:

Current expiring year \$ \_\_\_\_\_ First Prior Year \$ \_\_\_\_\_

2<sup>nd</sup> Prior Year \_\_\_\_\_ 3<sup>rd</sup> Prior Year \_\_\_\_\_

b. Total Receipts estimated for the next 12-month period \$ \_\_\_\_\_

c. Projected Next 12 Months Operations	Total Projected Gross Receipts	What % of this work is subcontracted?	Payroll
Water Extraction/Drying	_____	_____	_____
Mold Remediation	_____	_____	_____
Interior Demolition/Debris Removal	_____	_____	_____
Carpentry	_____	_____	_____
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
Roofing	_____	_____	_____
Siding	_____	_____	_____
Insulation	_____	_____	_____
HVAC	_____	_____	_____
Drywall	_____	_____	_____
Concrete/masonry	_____	_____	_____
Painting	_____	_____	_____
Flooring	_____	_____	_____
Janitorial	_____	_____	_____
Other (must give description)	_____	_____	_____

2. Contracting

\_\_\_\_\_ Do you always have a signed contract prior to the commencement of services? If not, explain \_\_\_\_\_

\_\_\_\_\_ Do you do a formal evaluation of clients prior to contracting with them? \_\_\_\_\_

\_\_\_\_\_ Do you have an attorney who evaluates your contracts? Who is your attorney? \_\_\_\_\_

\_\_\_\_\_ Who has the authority to sign contracts? \_\_\_\_\_

\_\_\_\_\_ Are all building materials inspected upon delivery for pre-existing mold contaminants? \_\_\_\_\_

\_\_\_\_\_ Does the applicant have a procedure to handle mold related complaints? \_\_\_\_\_

\_\_\_\_\_ Is there a written reporting process for water or mold related issues at a job site? \_\_\_\_\_

\_\_\_\_\_ Does the applicant conduct a property survey at the time the owner takes possession? Provide sample \_\_\_\_\_

\_\_\_\_\_ Who performs testing at the job sites? \_\_\_\_\_

\_\_\_\_\_ Does the applicant subcontract to outside laboratories? List labs most frequently used \_\_\_\_\_

Describe their qualifications \_\_\_\_\_

\_\_\_\_\_ **Remember to include a copy of your standard contract with your application**

**Part III: CLAIMS HISTORY**

1. Have any claims been previously made against the applicant or reported under any other General Liability or Contractor's Pollution?  Yes  No If yes, describe:

---

2. Have any claims related to mold been previously made against the applicant? If yes, explain:

---

3. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for which coverage is being sought?  Yes  No If yes, explain:

---

4. Has any staff member or employees been the subject of disciplinary action by authorities as a result of professional or contracting activities?  Yes  No If yes, describe:

---

**Part IV: PRESENT INSURANCE COVERAGE**

General Liability      Pollution Liability

Carrier  
Limits  
Deductible  
Policy Dates  
Premium  
Occurrence/Claims Made  
Retro Date, if applicable

Is statutory workers compensation coverage carried in all states where applicant is exposed?

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the Company's quotation and the Company's written agreement to be bound is required to bind coverage and to issue a policy. It is agreed that this form and any supplementary data shall be the basis of the contract should a policy be issued, and will be attached to the policy.**

**All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.**

**PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.**

**NOTICE TO ARKANSAS APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES & CONFINEMENT IN PRISON.”

**NOTICE TO COLORADO APPLICANTS:** “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A **SETTLEMENT OR AWARD** PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

**NOTICE TO FLORIDA APPLICANTS:** “ANY PERSON WHO KNOWINGLY & WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

**NOTICE TO KENTUCKY APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

**NOTICE TO MINNESOTA APPLICANTS:** “ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

**NOTICE TO NEW JERSEY APPLICANTS:** “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO NEW YORK APPLICANTS:** “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.”

**NOTICE TO OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

**NOTICE TO PENNSYLVANIA APPLICANTS:** “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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO TENNESSEE APPLICANTS:** “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(signature of owner or officer of corporation)

**APPLICANT** \_\_\_\_\_  
(print name and title)

**BROKER/AGENT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(print name of firm & license #)