



Application for Indoor Air Quality And Mold Liability Insurance

Instructions:

- This form must be dated and signed by a principal of your Company. 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.

Applicant Information

Name of Applicant:

Principal Contact:

Mailing Address:

Telephone #:

Desired effective date of coverage:

Limits Requested

\$1,000,000 / \$1,000,00

\$1,000,000 / \$2,000,000

Location Information

Please complete the following information for each location to be covered (complete additional pages as needed):

| # | Type | Sq Ft | # of Units | Address | City | State | Zip |
|---|------|-------|------------|---------|------|-------|-----|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

Additional Information

- Has any proposed location had an indoor air quality, indoor spill, and/or mold problem that cost more than \$5,000 to resolve? YES NO
- Are there any visible or olfactory (odor) signs of mold growth at any proposed location? YES NO
- Have any proposed locations had construction defects or maintenance problems that resulted in indoor air quality and/or mold problems? YES NO
- Has a complaint ever been made by a third party relating to indoor air quality, an indoor spill, and/or mold problems at a proposed location? YES NO
- Are any proposed locations in flood plains or otherwise subject to periodic flooding or the ponding of water? YES NO
- Do you have employees or a property management company dedicated to the management of the proposed locations? YES NO

7. Are any of the proposed locations likely to fall under the EPA lead renovation, repair and painting Program based upon their age and use: (homes, apartment buildings that were built before 1978)?
YES NO
8. Based upon their age, are any of the proposed locations likely or known to be built with asbestos containing materials? (buildings that were built before 1980)
YES NO
9. Within the last five (5) years has the applicant purchased any type of pollution-related Insurance coverage? If yes, please provide information regarding any such coverage and all available loss information.
YES NO

If the answer to question 10-13 below is yes, please provide a description of the circumstance or claim (detail the actual or alleged incident, location, date, type of injury and/or damage, etc.). In addition, provide information as to what actions have been taken by the proposed insured(s) to mitigate or avoid a similar loss from occurring again

10. Within the last five (5) years have any claims been made or legal actions (including regulatory actions) been brought against any prospective Insureds?
YES NO
11. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?
YES NO
12. Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them?
YES NO
13. At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy?
YES NO

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Date

Date

Title

Signed by Licensed Resident Agent
(Where Required By Law)