

**XL Environmental**  
 520 Eagleview Boulevard  
 PO Box 636  
 Exton, PA 19341-0636  
 USA

Tel: 800-327-1414  
 610-458-0570  
 Fax: 610-458-8667

[WWW.XLENVIRONMENTAL.COM](http://WWW.XLENVIRONMENTAL.COM)

## MOLD ENDORSEMENT APPLICATION FOR CONTRACTORS

### Applicant Instructions

- ✓ Answer all questions; leave no blank spaces.
- ✓ Utilize "NA" for questions which are not applicable to your operations.
- ✓ If additional space is needed, please provide separate pages as necessary
- ✓ This application must be signed and dated by a duly authorized Owner, Partner or Officer of the applicant.

### APPLICANT INFORMATION:

Applicant Name:					
Mailing Address:					
City:		State:		Zip:	
Principal Contact:		Title:			
Telephone:		Fax:			
Internet Address:		Email Address:			
Federal Employer Identification Number (FEIN):					

- 1. DOES YOUR FIRM HAVE WRITTEN PROTOCOLS THAT ADDRESS WATER INTRUSION AND/OR MOLD?**  
 Yes  No

If yes, attach a copy for review and reference appropriate sections in questions 2-7. Please complete all questions.

- 2. IDENTIFY THE TRAINING PROGRAMS YOUR FIRM PROVIDES TO EMPLOYEES REGARDING WATER INTRUSION AND/OR MOLD.**

- 3. DOES YOUR FIRM REQUIRE SUBCONTRACTORS TO CARRY MOLD COVERAGE?**  
 Yes  No

If yes, identify which trades and required limits:

- 4. HOW DOES YOUR FIRM COMMUNICATE WATER INTRUSION/MOLD RESPONSIBILITIES TO SUBCONTRACTORS?**

5. LIST THE STEPS YOUR FIRM TAKES TO PROACTIVELY PREVENT WATER INTRUSION ON PROJECTS (i.e., contract language, document review, inspections, training, subcontractor selection, materials handling, etc.). Please attach any applicable forms.
  
6. IDENTIFY THE STEPS YOUR FIRM TAKES WHEN RESPONDING TO A WATER INTRUSTION EVENT.
  
7. DESCRIBE HOW YOUR FIRM RESPONDS TO THE DISCOVERY OF MOLD:
  - a. New Construction:
  
  - b. Renovation projects (i.e., pre-existing condition):
  
8. WHAT PERCENTAGE OF YOUR FIRM'S SERVICES ARE:
 

New Construction \_\_\_\_ %          Renovation \_\_\_\_%
  
9. DOES YOUR FIRM SELF-PERFORM AND/OR SUBCONTRACT THE REMEDIATION OF MOLD?
 

Yes       No

If yes, what are the criteria for determining self performance versus subcontracting?
  
10. AT PROJECT TURNOVER, HOW DOES YOUR FIRM COMMUNICATE TO CLIENTS THEIR RESPONSIBILITY IN MAINTAINING THEIR BUILDING SYSTEMS?
  
11. IF YOUR FIRM HAS ANY PAST OR POTENTIAL WATER INTRUSION/MOLD CLAIMS OR INCIDENTS, PROVIDE DETAILS AND DISCUSS LESSONS LEARNED AS A RESULT.

### FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for 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 and 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 D.C. APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**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 LOUISIANA 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 and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**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 MEXICO 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK COMMERCIAL INSURANCE 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 be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing an false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of the any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**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 OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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 PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO RHODE ISLAND APPLICANTS:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

**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.

**NOTICE TO WEST VIRGINIA 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 and confinement in prison.

**NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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 IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**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 HERE OF.**

*(Fraud Language Revised 8/30/05)*

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent/Broker Name: \_\_\_\_\_