

Name of Insurance Company to which **Application** is made (herein called the "**Insurer**")

CONTRACTOR ENVIRONMENTAL COVERAGESM APPLICATION SUPPLEMENTAL MOLD CLAIM INFORMATION

	e use the Additional I				any question completely,		
1.	Full name of the Applicant Firm:						
2.	Full name of the Firm which reported the claim (if different from above):						
3.	Full name of the Claimant:						
4.	Indicate whether:	Claim / Suit	Inc	ident / Potential Claim	Remediation Expense		
5.	Date / Period of mold incident that led to claim:						
6.	Date the claim was reported to the insurance carrier:						
7.	Indicate whether:	Claim Covered		Denied	Self Insured		
8.	Other parties against which this claim is made:						
9.	This claim is:	Open	Closed				
10.	If CLOSED, indicate the date closed:						
11.	Please complete the following:						
	 If claim is still open: a. Remediation expenses incurred/Estimate: b. Claimant's settlement demand: c. Defendant's offer for settlement: d. Insurance company's loss reserve: e. Deductible: f. Total loss and expenses paid to date: 		\$ \$ \$ \$ \$ \$ \$ \$ \$				
	If claim is closed: a. Remediation ex	xpenses incurred:		\$			

b.

C. d.

Deductible:

Loss paid in excess of deductible:

Settlement reached via: Court Judgment

Expenses paid in excess of deductible:

\$

Formal mediation/Arbitration proceeding

Out of court settlement

	1.		oluntary program	Formal mediation/Arbitr	ation proceeding	Regulatory	settlement			
		Note	: If information is not	vailable, please provid	e a copy of the suit pa	pers.				
12.	Name of Insurance company:									
13.	Claim number:									
14.	Description of claim / incident: a. Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter. Please indicate if the claimant was your client. If no, fully explain claimant's relationship to client:									
	b.	Was an	n engagement letter or c	ontract used?		Ye	es No			
	C.	What adfuture?		n to prevent a recurrence	of such a claim in the					
	d.	Did this	s incident or claim follow	or result from an action to	o collect fees?	Ye	es No			
Comp	anies		ctors Environmental C	ed herein becomes a pa overage sm application a			ons as			
Name (Please Print/Type)				Title (MUST BE	E SIGNED BY A PRINCIPAL	PARTNER OF	R OFFICER)			
Signat	ure			 Date						

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.					
Signature	Date				
Oignature	Date				