

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

CONTRACTOR ENVIRONMENTAL AND PROFESSIONAL COVERAGESM APPLICATION SUPPLEMENTAL MOLD CLAIM INFORMATION

Submit one form for each claim or incident. If space is insufficient to answer any question completely.

please use the Additional Information page attached to this application.							
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	Incident / 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 Covere	d 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:						
	b. Claimant's settc. Defendant's ofd. Insurance come. Deductible:	 xpenses incurred/ lement demand: fer for settlement: pany's loss reservences 	\$ \$ ve: \$ \$				

If claim is closed:

Remediation expenses incurred: \$ Loss paid in excess of deductible: \$ \$ b. Expenses paid in excess of deductible: C. d. Deductible:

Settlement reached via: e.

> Court Judgment Formal mediation/Arbitration proceeding Out of court settlement

	f.	Type of remediation: Voluntary program	Formal mediation/Arbitration proceeding Regu	ılatory settle	ment			
		Note: If information is no	t available, please provide a copy of the suit papers.					
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 engagement letter or	contract used?	Yes	No			
	C.	What action has your firm tak future?	en to prevent a recurrence of such a claim in the					
	d.	Did this incident or claim follo	ow or result from an action to collect fees?	Yes	No			
Comp	anies	nd that the information submits Contractors Environmental as stated on the application.	itted herein becomes a part of my Philadelphia Insura and Professional Coverage sm application and is subj	ance ject to the s	ame			
Name (Please Print/Type)			Title (MUST BE SIGNED BY A PRINCIPAL PARTI	NER OR OFFIC	ER)			
Signature			 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				