

INDOOR AIR QUALITY AND MOLD SUPPLEMENTAL

Named Insured:

Completed by (Name / Title / Length of Time in this Position):

Date:

Contact Person:

Phone Number:

This supplemental application is for locations for which you are requesting mold coverage. The Applicant warrants that all answers to the questions in this application are true and correct and that no material facts have been suppressed or misstated.

Please answer each question completely and use additional sheets of paper as needed.

GENERAL INFORMATION

1. Please indicate the approximate total square footage by property class:

| | Residential/ Habitational | Hotel | Medical | Commercial | Industrial |
|----------------|------------------------------|-------|---------|------------|------------|
| Square Footage | | | | | |

2. Have any of your locations had mold growth in which costs exceeded \$25,000?
If yes, please describe. (We may contact you for additional details) Yes No
3. Are there visible signs of mold growth at any of your locations? Yes No
4. Have any construction / maintenance defects been encountered (such as HVAC system problems, leaks in the roof, windows or siding, as well as broken plumbing or sewer backups) which resulted in water intrusion, indoor air quality or mold-related issues?
If yes, what are they and how have they been addressed? Yes No
5. Do any of your locations have buildings with an Exterior Insulation Finish System (EIFS)?
If yes, what is the age and type of system, when was it last inspected, and is there any evidence of water intrusion issues? Yes No

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| <p>6. Any properties located in a flood plain or an area subject to periodic ponding or flooding? If yes, when was the last time the location experienced such ponding or flooding and did any buildings sustain damage? What procedures are in place to mitigate future damage?</p> | <p>Yes No</p> |
| <p>7. Have any indoor air quality or mold studies or inspections been completed at your locations? If yes, please provide a copy.</p> | <p>Yes No</p> |
| <p>8. Have there been any complaints for odor, indoor air quality, or mold at any of your locations? If yes, please attach a full description of each complaint including the cause, your response, any changes in procedures as a result of the complaint, and any associated costs.</p> | <p>Yes No</p> |
| <p>9. Do you have a formal complaint procedure in place for indoor air quality or mold?</p> | <p>Yes No</p> |
| <p>10. Do you utilize the following at your locations? Dedicated on-site property manager? If yes, is the property manager an: Employee Unrelated Property Manager Name: Address: Is Environmental Insurance required by you? If yes, are you an Additional Insured? Attach a certificate of insurance or provide limits and carrier.</p> | <p>Yes No Yes No Yes No</p> |
| <p>11. Are you aware of any facts or circumstances that could reasonably be expected to result in a claim being asserted against your company arising from indoor air quality or mold at your locations?</p> | <p>Yes No</p> |
| <p>12. Please indicate if the following is available and attach: A copy of your water intrusion / mold operation and maintenance plan 5 Years of Property and General Liability loss runs Copy of current statement of building values Standard lease agreement with mold addendum</p> | |

Insured Signature _____ Date _____

Title

Producer Signature _____ Date _____