



American Safety Insurance Services, Inc.
ASIG Insurance Services (in California)
 100 Galleria Parkway SE, Suite 700, Atlanta, GA 30339
 Tel (800) 388-3647 Fax (770) 955-8339
www.amsafety.com

Fire & Water Restoration Contractors, Carpet & Upholstery Cleaners
Carpet and Fabricare Institute "CFI"

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

APPLICANT	
Name:	
Mailing Address:	
Telephone #:	Fax #:
Email Address:	Web Address:
PRIMARY CONTACT NAME:	

SECTION I. General Information Space is supplied on page 3 for providing additional information

How many years has the Applicant performed fire and water restoration services?

Is the Applicant a franchise or industry group member? YES NO If Yes, which one?

What are the Applicant's total revenues for each of the last 3 years?

1st Preceding Year: \$ _____ 2nd Preceding Year: \$ _____ 3rd Preceding Year: \$ _____

Applicant's Total Number of Employees: _____ What is the Applicant's current Workers Comp experience modification factor? _____

The Applicant is: Corporation Sole Proprietor Partnership Joint Venture LLC Other (please identify)

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant a successor of any other business? If YES, list predecessor entities.	<input type="checkbox"/>	<input type="checkbox"/>	Is work done through or by any affiliated or related company(s)? If YES, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Has Applicant, or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime? If YES, describe.	<input type="checkbox"/>	<input type="checkbox"/>	Has Applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If YES, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Is Applicant, or any affiliated, related or predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If YES, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant applying for project specific coverage? If YES, provide project name and Location.
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant directly or indirectly perform non-environmental work on residential properties?	<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant perform operations in any of the 5 boroughs of New York City?
<input type="checkbox"/>	<input type="checkbox"/>	Are more than 50% of the Applicant's services subcontracted?			If YES, What % of total operations are performed in the 5 boroughs? _____

SECTION II. Retention, Limit & Coverage				
Effective Date: _____	Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Two Year <input type="checkbox"/> Other _____			
Retention Type: <input type="checkbox"/> Deductible	Limits of Liability:			
Retention Amount: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other _____	<input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$1M/\$2M <input type="checkbox"/> \$2M/\$2M <input type="checkbox"/> Other _____			
Coverages:	YES	NO		
	Occurrence	Claims-Made	None	Retro Date
Commercial General Liability (CGL):	<input type="checkbox"/>		<input type="checkbox"/>	_____
Contractors Pollution Liability (CPL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Professional Liability (PL):		<input type="checkbox"/>	<input type="checkbox"/>	_____
Microbiological Contracting (MD)	<input type="checkbox"/>	<input type="checkbox"/>		_____
Additional Coverages:	YES	NO		
Hired & Non-Owned Auto Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Benefit Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Contingent Employers' Liability 'Stop Gap'	<input type="checkbox"/>	<input type="checkbox"/>		
Bailees Customer Coverage	<input type="checkbox"/>	<input type="checkbox"/>		
	Limits: <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000			

SECTION III. Prior Insurance Information						
Coverage	Carrier	Premium	Limits	Expiration Date	Deductible	Retro Date
Commercial General Liability (CGL) OCC / CM						
Contractors Pollution Liability (CPL)						
Professional Liability (PL)						
Microbiological Contracting (MD)						

SECTION IV. Claims				
<i>Space is supplied on page 3 for providing additional information</i>				
Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies?				
	Total Incurred*	Number of Claims	Valuation Date	*Includes Loss and Expense Paid and reserved.
Current Year				
1st Prior Year				
2nd Prior Year				
3rd Prior Year				
4th Prior Year				
For Claims Greater than \$5,000, provide details , including Date of Claim, Nature of Claim, Amount of Claim paid or reserved.				
Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought? If YES, provide full details.				

SECTION V. Breakout of Operations			
Please indicate the approximate percentage of your total gross revenues from the following categories of clients:			
Category	Percent	Category	Percent
Insurance Company		Industrial	
Insurance Service Providers (i.e Crawford or Alacrity) Please List		Federal/State/Local Government	
Commercial		Plumbers	
Residential		Home Builders	

Other (Specify)		Other (Specify)
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SECTION VI. Subcontracted Services

YES NO

- Are all subcontractors licensed and accredited?
 - Are the subcontractors required to name the Applicant as an additional insured?
 - Is a standard written contract used with the Applicant's clients and/or subcontractors, including hold harmless and limitation of liability clauses?
- What are the minimum limits the Applicant requires of subcontractors? _____

SECTION VII. Additional Information Check here if this section does not apply.

Please provide further descriptions below for General Information questions which request additional detail:

Successor of any other business?	
Project Name and Location?	
Litigation, administrative or arbitration, court or agency orders or injunctions?	
Crime Conviction?	
Affiliated/Related Company(s)?	
Bankruptcy, Solvency, Reorg., Dissolution or assignments for the benefit of creditors?	
Claim details?	
Claims greater than \$5,000?	
Potential Claims descriptions?	
Additional Comments	

SECTION VIII. Contracting Services Check here if this section does not apply.

Contracting Services	Projected Revenues	% Subcontracted
Asbestos Abatement Contractor:		
Commercial	\$	%
Residential	\$	%
Lead Abatement Contractor:		
Commercial	\$	%
Residential	\$	%
Environmental Contractor:		
Building Decontamination (excluding Mold, Mildew, Fungus)	\$	%
Duct Cleaning	\$	%
Other (please specify) _____	\$	%
Microbiological Decontamination Contractor:		
Commercial	\$	%
Residential	\$	%
General Contractor (Non-Environmental):		
Carpentry	\$	%
Carpet Cleaning	\$	%
Demolition – Non-Structural (Interior Remodel)	\$	%
Water Extraction/Drying	\$	%
Contents Cleaning and Restoration	\$	%

Fire/Water Restoration	\$	%
Fire/Water Debris Removal	\$	%
Electrical	\$	%
General Construction	\$	%
Insulation	\$	%
Janitorial	\$	%
Flooring	\$	%
Painting	\$	%
Plumbing	\$	%
Roofing	\$	%
Pack Outs	\$	%
Crime Scene Cleanup	\$	%
Drug Lab Cleanup	\$	%
Other (please specify) _____	\$	%
Total Revenue for Contracting Services:		

SECTION IX. Professional Services		Check here if this section does not apply. <input type="checkbox"/>	
Professional Services	Projected Revenues	% Subcontracted	
Asbestos Assessments	\$		%
Consulting On Asbestos Abatement Projects	\$		%
Consulting On Lead Abatement Projects	\$		%
Consulting On Microbiological Decontamination Projects	\$		%
Environmental Project Management	\$		%
Exhaust/Stack Air Testing	\$		%
Expert Witness	\$		%
Indoor Air Quality Consulting (excluding Mold, Mildew or Fungus)	\$		%
Industrial Hygiene Services	\$		%
Lead Assessments	\$		%
Laboratory Analysis (excluding Mold, Mildew or Fungus)	\$		%
Litigation Support	\$		%
Microbiological Assessments	\$		%
S500 & S520 Standard and Reference Guide	\$		%
Microbiological Lab Analysis	\$		%
Regulatory Consulting / Permitting	\$		%
Waste Brokering Services	\$		%
Other (please specify) _____	\$		%
Total Revenue for Professional Services:			

Licensed/Accredited States		Check here if this section does not apply <input type="checkbox"/>
State	Licenses / Accreditations	Services

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

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 Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy.

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 hereof.

GENERAL FRAUD STATEMENT: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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

AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED. [NOT APPLICABLE IN COLORADO, HAWAII, NEBRASKA, OHIO, OKLAHOMA, UTAH AND VERMONT]"

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 SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

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 OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 UTAH APPLICANTS: "FOR YOUR PROTECTION, UTAH LAW REQUIRES THE FOLLOWING TO BE INCLUDED IN THIS APPLICATION: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

The Signatory hereby acknowledges that he/she is aware that the aggregate limit is shared among all coverages offered and that the limit of liability contained in the Commercial General Liability, Contractors Pollution Liability or Professional Liability policy or any combination thereof shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Signatory hereby further acknowledges that legal defense costs that are incurred shall be applied against the self-insured retention/deductible amount.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissorily warrants that he/she will submit to American Safety Insurance supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorily warrants that he/she will inform American Safety Insurance of any change or omission with respect to any answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by American Safety Insurance and is incorporated and made part of the policy. American Safety Insurance will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to American Safety Insurance also are made to the issuing carrier.

APPLICANT _____

DATE _____

Signature of Principal or Officer

PRODUCER

Signature of Producer

DATE
