



6. Do you subcontract work to others?  Yes  No  
**If yes, please answer questions A-F.**

A. Do you act as the General Contractor only as it relates to your Disaster Restoration operations?  Yes  No

B. What percentage of your non-cleaning operations (e.g. carpentry, plumbing, etc) is subcontracted to others? \_\_\_\_\_ %

C. What percentage of just your cleaning operations is subcontracted to others? \_\_\_\_\_ %

D. What type of your work is subcontracted to others? \_\_\_\_\_

E. Do you obtain a Certificate of Insurance from each Subcontractor, evidencing General Liability Limits equal to, or greater than, your own General Liability Limits?  Yes  No

F. Do you obtain a Certificate of Insurance from each Subcontractor, listing you as an Additional Insured on their General Liability policy?  Yes  No

7. Please provide the desired **Property Values** for the following coverages:

<b>Building</b>	\$ _____	(Replacement Cost)
<b>Business Personal Property</b>	\$ _____	(Replacement Cost)
<b>Equipment</b>	\$ _____	(Replacement Cost)
<b>Personal Property of Other (Bailees)</b>	\$ _____	(Actual Cash Value – of your Customer’s property held in your Care, Custody and Control.)

**SECTION IV – SAFETY/RISK MANAGEMENT**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

1. Describe the Business Owner’s duties and/or involvement in the daily operations: \_\_\_\_\_

2. Describe your Training Program for new Employees: \_\_\_\_\_

3. Is each Customer required to sign a Service Contract that includes a Disclaimer waiving your responsibility should the Customer have an adverse reaction to your cleaning products and/or should you be unable to clean or repair the Customer’s property damage?  Yes  No

4. Is your Service Contract reviewed by an Attorney who is familiar with Disaster Restoration Industry Standards and/or Requirements?  Yes  No

5. Is a License required to operate in your State?  Yes  No  
**A. If yes, please provide your License number:** \_\_\_\_\_

6. Are you an active member of any State and/or National Trade Association?  Yes  No  
**A. If yes, please list:** \_\_\_\_\_

**SECTION V – PACK-OUTS/PERSONAL PROPERTY OF OTHERS**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

1. Do you store your Customer’s property?  Yes  No  
**IF YES, ANSWER QUESTIONS 2 – 12. IF NO, SKIP TO SECTION VI.**

2. Do you complete an inventory of all stored property?  Yes  No

3. Do you store valuables (e.g. jewelry, antiques, collectibles, electronics, guns, etc...)?  Yes  No  
**A. If yes, how do you properly safeguard these items?** \_\_\_\_\_

4. Do you ask each of your Customers if their property requires special handling/storage (e.g. could be damaged by extreme temperatures, moisture, etc...)?  Yes  No  
**A. When special handling/storage is necessary, are instructions put in writing and signed by the Customer?**  Yes  No

5. When there is pre-existing damage, is your Customer required to sign-off and acknowledge the damage?  Yes  No

6. Do you pack-out and store items that are not part of a restoration loss?  Yes  No

7. Do you subcontract work to any Moving Companies?  Yes  No  
**A. If yes, do you require a disclaimer from the each Moving Company with respect to damaged property?**  Yes  No

8.	Do you provide any moving services unrelated to your Disaster Restoration operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	When completing a partial move-back, do you maintain records of all returned items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	When final move-back is completed, is your Customer required to sign-off and acknowledge that all items have been returned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you store your Customer's property at locations other than your own warehouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b><u>If yes, please answer questions A-C.</u></b>	
	A. Please describe the type of location: _____	
	B. Is each location inspected for leaks and other defects that could damage the stored property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C. Does each location have burglar and fire alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Do you train your Employees how to properly move your Customer's property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, please describe: _____	

**SECTION VI – PRIOR GENERAL LIABILITY INSURANCE**

1. Please provide your General Liability Insurance Carrier Name(s), Payroll, Limits, Deductibles and Premiums for the last 3 years:					
Year	General Liability Insurance Carrier Name	Total Annual Payroll	General Liability Limits	General Liability Deductible	General Liability Premium
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
2. In the last 3 years, has your General Liability insurance been Declined, Cancelled or Non-renewed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please explain why: _____					

**SECTION VII – GENERAL LIABILITY CLAIMS HISTORY**

1. Please provide details for the last 3 years - if none, please state "none":		
Date of Loss	Description of Loss	Total Incurred
		\$
		\$
		\$

**PLEASE ATTACH CURRENTLY VALUED GENERAL LIABILITY INSURANCE CARRIER LOSS RUNS FOR THE LAST 3 YEARS.**

**Applicant's Signature**

**APPLICANT:** I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR DISASTER RESTORATION OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	