

Fungus/Mold Supplemental

MPA Environmental

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This supplemental application is to be used in conjunction with the Contractors and Consultants Pollution Liability Application for those contractors and consultants seeking coverage for fungus remediation/abatement operations or professional services related to fungus remediation/abatement.

INSTRUCTIONS:

- This form must be completed, dated and signed by a principal, partner or officer of the Applicant on or prior to the inception date of coverage.
- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on your letterhead referencing the appropriate application question.

REQUIRED ATTACHMENTS:

- Resumes, licenses, and training certifications for all personnel who are performing/supervising remediation operations; performing indoor air quality and fungus/mold assessments and investigations including sampling; performing fungus/mold remediation design; HVAC experts; construction experts.
- A list of successfully completed projects.
- References — contact names and telephone numbers for three project owners for whom you have successfully completed fungus remediation projects or related services.
- A statement as to whom is responsible for the correction/repair of the conditions giving rise to mold contamination at your fungus remediation project sites.
- Formal classroom worker and professional training programs that cover potential health hazards, personal protection, cleaning/remediation/abatement work practices, sampling methodologies, locating and identifying mold contamination, evaluation of HVAC systems, interpretation of microbial matter/mold data, etc. Please include the following:
 - Proof of course completion
 - Specify the number of days or hours of the course
 - Copy of the course outline or curriculum
 - Exam results
- Description of in-house mold remediation and mold awareness training, including refresher frequency. Please include who conducts the training and their qualifications as well as the training agenda/outline.
- Implemented Respiratory Protection Program consistent with OSHA Respiratory Protection Standard (29 CFR 1910.134).
- For remediation operations, an implemented Hazard Communication Program in accordance with OSHA Hazard Communication Standard (29 CFR 1910.1200).
- Contractor's own published Mold/Fungus Remediation Standard Operating Procedural Manual.
- Consultant's fungus/mold standard operating procedures, including documentation of sampling and quality assurance program requirements; mold/fungus assessments/evaluation review and approval protocol; mold/fungus remediation design review and approval protocol.
- Standard client contract language specific to fungus/mold services.
- Five (5) or more years of the following:
 - Sales/Payroll history
 - Current valued loss experience for General Liability and Pollution Liability coverages.

Applicant Information

First Name Insured _____

Mailing Address _____

Mold Remediation Operations

1. What is the minimum level of respiratory protection you use for mold/fungus remediation work?

2. What is the minimum number of air changes per hour designed into your HEPA filtered negative air containment enclosures for use during mold/fungus remediation?

3. Are the conditions that caused mold/fungus contamination always corrected before you begin mold/fungus remediation?

4. Describe your firm's use of water misting as a form of mold spore release control during remediation:

5. Air Duct Cleaning:

- a. Will you perform HVAC duct cleaning? Yes No
 If "yes", what guidelines do you follow:

- b. Will you routinely introduce biocides into the HVAC system? Yes No
 c. What provisioning of licensing are adhered to when using biocides?

6. Air Duct Cleaning:

- a. Are final clearance criteria always established before fungus remediation begins? Yes No
 b. Has your firm ever failed to achieve final clearance the first time? Yes No
 After recleaning? Yes No
 After more than three times? Yes No
 If "yes", what guidelines do you follow:

7. Mold Contaminated Contents:

- a. Describe the area, both on-site and off-site, where you perform cleaning of mold contaminated content:

- b. What additional steps do you take when contents are cleaned off-site?

Professional Services

8. Does your firm provide assessment and/or investigation services for indoor air quality (IAQ) or fungus/mold? Yes No
 If "Yes", please list the annual revenue:

EXPOSURE YEAR	REVENUES (\$)
Current/Projected Fiscal Year	\$
Expiring Fiscal Year	\$
First Prior Fiscal year	\$

9. Does your firm use and coordinate sampling strategies with an accredited laboratory for analyzing microbial, IAQ fungus/mold samples? Yes No

10. Does a CIH or qualified professional in IAQ and fungus/mold have the responsibility for the review evaluation and approval of fungus/mold assessment and evaluation reports? Yes No

11. For the current year, identify the property types you are providing fungus/mold assessments and/or investigations on:

Residential/Apartment	%	Commercial/Office	%	Schools	%
Healthcare/Hospitals	%	Hotels	%	Other	%

12. List the last three (3) projects, and a reference contact for each, where your firm provided assessments and/or investigations for fungus/mold.

SITE NAME	CONTACT

13. Does your firm provide or participate in remediation design services for IAQ or fungus/mold? Yes No
If "Yes", please list the annual revenue.

14. Does your firm's fungus remediation design professional review, evaluate and approve all fungus/mold remediation design plans? Yes No

15. For the current year, identify the property types you are providing fungus/mold remediation design services on.

Residential/Apartment	%	Commercial/Office	%	Schools	%
Healthcare/Hospitals	%	Hotels	%	Other	%

16. List the last three (3) projects, and a reference contact for each, where your firm provided remediation design services for fungus/mold.

SITE NAME	CONTACT

17. Other than fungus/mold assessment/investigation and remediation design, does your firm perform any other fungus/mold related professional services? Yes No

18. Do you perform any professional services listed in this application support of fungus remediation performed by your firm? Yes No
If "Yes", what percentage of professional services are performed in support of your firm's fungus remediation contracting operations? _____%

19. Does your firm use limitation of liability language in its contracts when providing professional services for fungus/mold? Yes No
If "Yes", please provide the standard language used:

Claims

20. Have there been any claims for fungus/mold brought against your firm? Yes No
If "Yes", please provide details of each claim:

Representations

21. What warranties or guarantees do you give regarding the fungus remediation operations and fungus related professional services you perform:

Warranty

22. Is the applicant aware of any fact, circumstance, or situation which could result in a claim(s) being made against it or any other person or entity for whom coverage will be sought? Yes No
If "Yes", please describe:

Applicant Information

Signature of Authorized Applicant

Print Name

Title

Date