

THE INSURED MUST READ, COMPLETE, SIGN AND DATE THIS ENTIRE FORM.

Completion of this form in no way will be considered a grant of coverage and underwriters do not guarantee that a policy or policy endorsement will actually be issued upon receipt of a fully completed application.

I. Instructions

1. All questions must be answered. If space is insufficient, attach additional sheets of paper.
2. Please have this application signed and dated by an owner, partner or director of the firm.

Company Name:

List Covered Locations:

3. Does the insured maintain documentation of cleaning and disinfecting of any and all that apply: shower heads, cooling towers & associated pipes for air conditioning systems, water heaters, cold water tanks, fountains or decorative water features and spa pools (whirlpool spas, Jacuzzis or spa tubs)? YES NO
4. Is there a trained person responsible for admin & documentation of the procedures outlined above? YES NO
5. Is there a room rotation procedure in place to ensure no room remains unoccupied for more than 2 weeks? YES NO
6. Have there been any prior incident(s) of Legionnaire/Legionella Disease in the past? YES NO

II. Questionnaire

1. Describe any water intrusion incidents in the past five years (including but not limited to roofs, windows, walls, doors, floors, foundations, plumbing, HVAC, or flooding):

2. Describe your organization's water abatement program in detail, including inspection, maintenance and remediation procedures:

3. Describe in detail any water abatement or mold remediation completed as a part of renovations to the facility in the past five (5) years:

4. Describe your organization's Preventative Maintenance (PM) procedures, including individual HVAC Units as well as the PM schedule for cleaning condensate pans and drain hoses:

5. What are your organization's procedures for investigating, remediating and documenting when water intrusion and/or an odor is reported by employees, residents and/or guests?

6. What are the procedures for inspecting individual rooms and/or units for evidence of water intrusion, including the frequency and documentation of inspections?

7. Has there been any mold growth observed inside the building in the past 5 years? YES NO
If yes, please describe:

8. Has there been any water damage and mold remediation claims in the past 5 years? YES NO
If yes, please describe:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

In the District of Columbia, Warning: It is a Crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon, and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand the information in this supplemental application becomes a part of the Application and is subject to the same representations and conditions.

Name (Print)

Title

Signature

Date