



Send To:  
FAX 802-229-5669  
Quotes@sh-underwriters.com

Supplemental Application  
for  
**Contractors and Consultants Performing  
Mold Services**

**Please submit the following in addition to the Supplemental Application:**

- Applicants own Mold/Fungus Remediation Standard Operating Procedures
- SOQ, licenses and/or training certifications for all personnel performing and/or supervising remediation operations.

Applicant: \_\_\_\_\_

**Part I General Information**

1. Estimated receipts for the upcoming year \$ \_\_\_\_\_

Please break down your receipts derived from Mold operations as follows:

<b>Operations</b>	<b>Total Revenue</b>	<b>% By Insured</b>	<b>% By Subs.</b>
<b>Mold Remediation</b>			
<b>Mold Testing &amp; Analysis/Lab Services</b>			
<b>Mold Sampling</b>			
<b>Remediation Design w/out implementation</b>			
<b>Remediation Design w/implementation</b>			
<b>Project Management w/supervision of Subs.</b>			
Other:			
Other:			
Other:			
<b>Total Receipts</b>			

2. What percentage of your revenues is attributable to residential work? \_\_\_\_%
3. What percentage of your work is for insurance companies? \_\_\_\_%  
Single Family Dwellings? \_\_\_\_% Multi Family (Condo or Apartment)? \_\_\_\_%
4. In which states do you perform your operations? \_\_\_\_\_
5. Who determines to what extent the contamination exists? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is the analysis of Mold subcontracted to an outside laboratory?  Yes  No

7. Do you present the client with remedial alternatives prior to performing the mold remediation along with the limitations of each alternative?  Yes  No If yes, how is this documented?

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8. Do you communicate to the client that mold problems almost certainly will reoccur if moisture problems are not resolved?  Yes  No If yes, how is this documented?

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

10. If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented? \_\_\_\_\_

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11. Do you ever accept responsibility to diagnose, correct, or warranty against, the moisture problems that contribute to creating mold problems?  Yes  No

What documentation confirms and communicates this to the client? (please attach copies)

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## Part II Contractual Information

1. What contractual provisions are in force to protect your firm against mold-related exposures?

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2. Please provide the standard contract or engagement letter used for mold projects

a) Is the contract used for all jobs?  Yes  No

b) Is the contract reviewed by counsel if altered or amended?  Yes  No

3. Please provide the standard contract used with consultants, laboratories or subcontractors/sub-consultants

a) Is the contract used for all jobs?  Yes  No

b) Is the contract reviewed by counsel if altered or amended?  Yes  No

4. How do you address evaluation of mold in non-viable areas (areas difficult to access or visually inspect, i.e. wall cavities), and what documentation confirms and communicates this to the client?

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5. What warranties or guarantees do you give regarding the mold remediation operations and mold related professional services you perform? \_\_\_\_\_  
\_\_\_\_\_

**Part III Subcontractor/Sub Consultant Information**

- 1. Are Subcontractors/Sub-consultants hired under written contract?     Yes     No
  - Does the contract contain an Indemnity provision in favor of the applicant?     Yes     No
- 2. Are Sub-consultants required to carry Professional Liability Insurance?     Yes     No
  - Do Subcontractors/Sub-consultants provide Certificates of Insurance?     Yes     No
  - Does the Applicant review and maintain all Insurance Certificates provided?     Yes     No
  - Does the Applicant require to be named Additional Insured under the Subcontractors policy(ies)?  
 Yes     No

**Part IV Job Site/Operations**

- 1. What measures are employed to protect personnel at or in proximity to the job site?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Do you use temporary, casual, or labor pool workers?     Yes     No  
If yes, how do you address training/qualifications of these workers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Is a project manager/supervisor on site at all times during remediation projects?     Yes     No  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 4. How are odor complaints, allergic reactions, potential health problems or claims addressed?  
\_\_\_\_\_  
\_\_\_\_\_
- 5. What guidelines do you adhere to in the performance of mold services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you perform bulk and/or surface sampling prior to and after remediation?  Yes  No  
If yes, who performs this sampling and what are their qualifications? \_\_\_\_\_  
\_\_\_\_\_

7. Do you perform air quality testing prior to, during, and after remediation?  Yes  No  
If yes, who performs this sampling and what are their qualifications? \_\_\_\_\_  
\_\_\_\_\_

8. Final clearance:  
a.) Are final clearance criteria always established before mold remediation begins?  Yes  No  
b.) Has your firm ever failed to achieve final clearance the first time?  Yes  No  
After re-cleaning?  Yes  No  
After more than three times?  Yes  No If yes, please describe clearance criteria, and explain. \_\_\_\_\_  
\_\_\_\_\_

9. Who makes the final decision as to when mold remediation is complete, and how is this documented?  
\_\_\_\_\_  
\_\_\_\_\_

10. Airduct cleaning:  
a.) Will you perform HVAC duct cleaning?  Yes  No  
b.) If yes, what guidelines will you follow? \_\_\_\_\_  
c.) Will you routinely introduce biocides into the HVAC system?  Yes  No  
d.) What provisions of licensing are adhered to when using biocides? \_\_\_\_\_  
\_\_\_\_\_

11. Mold contaminated contents:  
a.) Describe the area, both on-site and off-site, where you perform cleaning of mold contaminated contents. \_\_\_\_\_  
\_\_\_\_\_  
b.) What additional steps do you take when contents are cleaned off-site? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)