



LIU Environmental

## Supplemental Mold and Indoor Air Quality Application

### APPLICANT INSTRUCTIONS

Please fill out a separate Mold Application for each location requiring coverage. Do not leave any blank spaces. Utilize additional sheets if necessary.

#### I. Insured's Information:

1. Named Insured:

2. Location To Be Insured:

3. Completed by (Name, Title & Phone number) and Date:

#### II. Building Information:

1. How will insured location be utilized?:

2. What is the roof's age and composition?:

3. What is the building siding's age and composition?:

4. Does the building have a basement? If yes, what is its use?:

Yes  No

5. Is the building air conditioned? If yes, where is the system located?:

Yes  No

6. Are the bathrooms, basements, and attics vented to the exterior?:

Yes  No

### III. Building Management:

1. Does the location to be insured have a mold and/or indoor air quality maintenance plan? If yes, please provide a copy.:

Yes  No

2. Does the building have a maintenance plan for the HVAC System? If yes, please provide a copy.:

Yes  No

3. Is the maintenance performed by in-house personnel or is it contracted?:

4. Has the building ever had a mold and/or indoor air quality inspection? If yes, please provide a copy.:

Yes  No

5. Have there ever been any incidents of mold or water damage in the building? If yes, please describe.:

Yes  No

**IV. Claim History:**

1. Have there been any claims or complaints at the location to be insured relating to water damage, mold or indoor air quality. If yes, please provide a description of each such claim or complaint.:

Yes  No

2. Please provide copies of General Liability and Property Loss runs for the location to be insured for the past three years.:

**THIS IS NOT A BINDER OF COVERAGE**

**IT IS WARRANTED THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. ANY PERSON WHO KNOWINGLY INCLUDED ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

**APPLICANT** \_\_\_\_\_  
(signature of owner or officer)

**Date:**

**APPLICANT**  
(print name & title):

**BROKER**  
(print name of firm):

**Date:**

(address of brokerage firm):

(contact person & telephone number):