

**POLLUTION LEGAL LIABILITY
FIXED SITE COVERAGE**

**Supplemental Application
Biological Contaminants and Indoor Air Quality**



Leo
Risk Services

INSTRUCTIONS

- Please complete a separate Biological Contaminants application for each location requesting coverage.
- Please complete all sections. If any section does not apply, indicate with N/A. Attach additional pages if needed.
- This application must be signed and dated by an owner, principal or other duly authorized person.

ATTACHMENTS

Please submit the following with your application as applicable:

- Past five years currently valued General Liability and Property loss runs

PART I – APPLICANT

Applicant Name: _____

Location to be Insured: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Name: _____ Telephone: _____

Title: _____ Email: _____

PART II – LOCATION INFORMATION

1. Use of the location: _____
2. Age and construction material of roof: _____
3. Age and construction material of building siding: _____
4. Does the building have sprinklers? Yes No
5. Does the building have a basement? Yes No If yes, what is it used for? _____
6. Is the building air conditioned? Yes No If yes, where is the system located? _____
7. Are the bathrooms, basements and attics vented to the exterior? Yes No

PART III – BUILDING MANAGEMENT

8. Does the location have a mold and/or indoor air quality maintenance plan? (If yes, attach.) Yes No
9. Does the building have an HVAC maintenance plan? (If yes, attach.) Yes No
10. Who performs maintenance? In-house personnel Contracted
11. Do employees or other parties to the proposed insurance receive training in the handling of biological contaminants? Yes No
12. Has the building ever had a biological contaminant/mold or indoor air quality inspection? Yes No
If yes, please attach results.
13. Have there ever been any incidents of biological contaminants or water damage in the building? Yes No
If yes, please describe: _____

PART IV – CLAIM HISTORY

14. Have there ever been any claims or complaints at the location to be insured relating to biological contaminants/mold or indoor air quality? Yes No

If yes, please provide a description of each claim or incident:

15. At the time of signing this application, does the company know of any facts or circumstances which may reasonably be expected to result in a claim arising from biological contaminants/mold or indoor air quality? Yes No

If yes, please explain: _____

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO ALL OTHER APPLICANTS: Any person who, knowingly and with intent to defraud any insurance company or other 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 act, which is a crime and may subject such person to criminal and civil penalties.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. If an order is received, the application is attached to the policy, so it is necessary that all questions be answered in detail.

Applicant: _____ Date: _____
Applicant name and title (print): _____
Broker (print name and firm): _____ Contact: _____
Broker address: _____ Telephone: _____
_____ Email: _____