



**APPLICATION FOR NEW FRANCHISES  
(NEW IN BUSINESS OR LESS THAN 1 YEAR IN BUSINESS)**

**Explanation of Coverage Portions Offered**

**I: Commercial General Liability**

- Bodily Injury & Property Damage - 1,000,000 Per Occurrence, \$2,000,000 Aggregate
- Products & Completed Operations - \$1,000,000 Per Occurrence, \$2,000,000 Aggregate

**II: Pollution Liability**

- Limit of \$1,000,000 Per Pollution Incident, \$2,000,000 Aggregate

**III: "Fungi" (Mold) and Bacteria Liability**

- Coverage Part III is written on a Claims-Made basis.
- Limit of \$1,000,000 Per Fungi/Mold Incident, \$2,000,000 Aggregate

Policy has **separate** aggregate limits resulting in a total policy aggregate of \$8,000,000.

**Instructions**

1. Please fully complete this application. All questions applicable to your operations must be answered. If space on this form is insufficient to provide a complete answer, please attach information on separate sheets.
2. Application form must be signed and dated by an owner, partner or director/officer of your firm.

**Proposed Effective Date:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Part I: APPLICANT**

1. Full Name of Entity \_\_\_\_\_

DBA Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax \_\_\_\_-\_\_\_\_-\_\_\_\_

Company is: Individual \_\_\_ Partnership\_\_\_ Corporation \_\_\_ Joint Venture \_\_\_ LLC\_\_\_ Other\_\_\_\_\_

FEIN # \_\_\_\_\_ Social Security (if sole proprietor) \_\_\_\_\_

Years in business \_\_\_\_ Years performing fire & water restoration services \_\_\_\_

Has the name of the firm been changed or has any other business been purchased or has any merger or consolidation taken place? \_\_\_\_ If so, please detail changes in chronological order since inception:

Does the firm have: Subsidiaries \_\_\_\_ A Parent Company \_\_\_\_ Other Related Entities \_\_\_\_

If yes, describe: \_\_\_\_\_

2. Address of any other locations for branch offices or subsidiaries:

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**Part II: RECEIPTS & OPERATIONS**

1. Receipts (include all invoiced work for the appropriate period)

a. Total Receipts Current expiring year (If Applicable): \$ \_\_\_\_\_

b. Total Receipts estimated for the next 12-month period \$ \_\_\_\_\_

2. Receipts Estimated Breakdown

a. Carpet Cleaning / Janitorial / Duct Cleaning: \$ \_\_\_\_\_

b. Drying / Mold Remediation: \$ \_\_\_\_\_

c. Subcontracted \$ \_\_\_\_\_

**Part III: CLAIMS HISTORY**

1. Have any claims been previously made against the applicant or reported under any other General Liability or Contractor's Pollution? Yes \_\_\_\_ No \_\_\_\_

If yes, describe: \_\_\_\_\_

2. Have any claims related to mold been previously made against the applicant? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

3. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for which coverage is being sought? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

4. Has any staff member or employees been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes \_\_\_\_ No \_\_\_\_

If yes, describe: \_\_\_\_\_

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the Company's quotation and the Company's written agreement to be bound is required to bind coverage and to issue a policy. It is agreed that this form and any supplementary data shall be the basis of the contract should a policy be issued, and will be attached to the policy. 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.

**PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW:**

**NOTICE TO ARKANSAS APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES & CONFINEMENT IN PRISON.”

**NOTICE TO COLORADO APPLICANTS:** “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

**NOTICE TO FLORIDA APPLICANTS:** “ANY PERSON WHO KNOWINGLY & 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 IN THE THIRD DEGREE.”

**NOTICE TO KENTUCKY APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

**NOTICE TO MINNESOTA APPLICANTS:** “ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

**NOTICE TO NEW JERSEY APPLICANTS:** “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**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 OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO TENNESSEE APPLICANTS:** “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.”

**NOTICE TO VIRGINIA APPLICANTS:** “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.”

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of owner or officer of corporation)

APPLICANT \_\_\_\_\_  
(Print name and title)

BROKER/AGENT \_\_\_\_\_ DATE \_\_\_\_\_  
(Print name of firm & license #)

***THE NATIONAL LEADER IN ENVIRONMENTAL COVERAGE SOLUTIONS***

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