

## Restoration Risk Retention Group Renewal Application

Date of Application: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Parent Franchise # \_\_\_\_\_

Named Insured on Policy: \_\_\_\_\_

Name of Person completing application: \_\_\_\_\_

1. Provide percentage of receipts related to mitigation, reconstruction and additional construction for the previous 12 months:
  - a. Mitigation (Fire, Smoke, Water, Flood and other damage cleaning)..... %
  - b. Repair and Reconstruction (Reconstruction related to mitigation performed by your or someone else) ..... %
  - c. Additional Construction Work (Construction work performed by you that is NOT related to mitigation or repair or reconstruction job)..... %
    - i. List the TYPE of additional construction you will be performing (if applicable)
2. **REQUIRED** Please attach a copy of your current General Contracting License with this application. If no GC license is on hand, provide details below on the certifications and/or experience your organization maintains.
3. **REQUIRED** Ground UP or NEW Construction, (defined as construction of a structure of any kind that did not exist prior to your work being performed), is NOT covered by the Restoration Risk Retention Group **Initials to Acknowledge:** \_\_\_\_\_
4. Do you have a Punch List and Dispute Resolutions process?..... Yes / No
5. Are you in full compliance with SPI subcontractor agreement #28718?..... Yes / No
6. Do you Review & Retain COI's for Workers Compensation & General Liability for any sub-contractor used? ..... Yes / No
7. What forms / agreements are you using for Contracting: \_\_\_\_\_
8. Do you have a separate construction business that is not insured by the Restoration Risk Retention Group?..... Yes / No
  - a. If YES, is any revenue generated by the construction entity royalty bearing? ..... Yes / No
  - b. If YES, please provide Profit & Loss statement for franchise revenue for the previous 12 months and if YES, do you have a separate liability policy for this entity or exposure? (include current COI that shows your SP franchise as Addt'l Insured)
9. Do you perform roofing work? ..... Yes / No
  - a. If YES, is any revenue generated by the roofing entity royalty bearing? ..... Yes / No
    - i. If YES, list how much in previous 12 months: \$
  - b. If YES, do you perform this work In House or Subcontract the jobs? ..... In House / Sub Out
  - c. If Subcontracting - do you have a separate entity that you own to sub-out the work to? ..... Yes / No

**BEFORE SIGNING AND RETURNING PLEASE BE SURE ALL QUESTIONS HAVE BEEN ANSWERED AND REQUIRED DOCUMENTS ATTACHED.**

Please return to your Account Manager or [ServproFranchiseInsurance@marsh.com](mailto:ServproFranchiseInsurance@marsh.com)



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- d. If YES, do you have a separate liability policy for this entity? (include current COI that shows your SP franchise as Addt'l Insured)..... Yes / No
- e. If NO – provide details on how liability is covered:
- 
10. Do you perform any Asbestos Abatement operations?..... Yes / No
- a. If YES, is any revenue generated by the asbestos entity royalty bearing? ..... Yes / No
- i.If YES, list how much in previous 12 months: ..... \$
- b. If YES, do you perform this work In House or Subcontract the jobs?..... In House / Sub Out
- c. If Subcontracting - do you have a separate entity that you own to sub-out the work to? ..... Yes / No
- d. If YES, do you have a separate liability policy for this entity or exposure? (include current COI that shows your SP franchise as Addt'l Insured)..... Yes / No
- e. If NO – provide details on how liability is covered:
- 
11. Does your franchise require any state filings associated with your insurance renewal?..... Yes / No
- a. If YES, please list state agency COI's must be filed with:

Additional NAMED Insured(s) currently included in your RRRRG policies:

- a.
- b.
- c.
- d.
- e.
- f.
- 
- i. What is the annual revenue for the entity (ies) above that is NOT royalty bearing? ..... \$

Any Comments by Applicant:

Signed By: Title: \_\_\_\_\_

Name:

Date:

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