



SERVPRO Franchisee Insurance Application

COVERAGES REQUESTED:

Commercial General Liability
 Excess Liability
 Pollution Liability / Miscellaneous Limited Professional Liability
 Limited Service and Repair
 Special Conditions Commercial General Liability
 Special Conditions Pollution Liability
 RRRG Proposed Effective Date: Proposed Expiration Date:

1. **NOTE: NEW FRANCHISE OWNERS** – Do you currently own and operate a business (non SERVPRO) that provides services for carpet cleaning, janitorial services or water, fire, mold or disaster restoration services? Yes No
 If yes, please provide explanation and complete entire application:

If no, complete Page 1, CGL Schedule of Coverages (page 2), and Questions 2–6 in the Contracting/Miscellaneous Exposure Section

2. **REQUIRED:** Are you purchasing an existing franchise in the SERVPRO system? Yes No
- 2a. If yes, will you be purchasing all assets? Yes No
- 2b. Or, will you be purchasing all assets and liabilities? Yes No
- 2c. If yes, are you aware of any open incidents or claims on prior franchise? Yes No

GENERAL INFORMATION

Legal (Entity) Name: Email: In Business Since:
 Business Type: Corporation LLC Partnership Individual
 Employers Identification Number (FEIN#):
 Mail Address: City: State: Zip:
 Physical Address: City: State: Zip:
 Additional premises locations? Please list here:

 Phone: Fax: Cell:
 Owner Name:

SERVPRO® Name and Franchise Numbers

Number of licenses:

1. Franchise #	<input type="text"/>	SERVPRO of:	<input type="text"/>	State:	<input type="text"/>
2. Franchise #	<input type="text"/>	SERVPRO of:	<input type="text"/>	State:	<input type="text"/>
3. Franchise #	<input type="text"/>	SERVPRO of:	<input type="text"/>	State:	<input type="text"/>
4. Franchise #	<input type="text"/>	SERVPRO of:	<input type="text"/>	State:	<input type="text"/>
5. Franchise #	<input type="text"/>	SERVPRO of:	<input type="text"/>	State:	<input type="text"/>
6. Franchise #	<input type="text"/>	SERVPRO of:	<input type="text"/>	State:	<input type="text"/>

Please list additional licenses on last page as additional comments:

LIMITS OF INSURANCE (applicable to full General Liability and/or full Pollution Liability)

Standard General Liability and Pollution Liability policy limits are \$2,000,000 per occurrence/claim with \$3,000,000 annual aggregate.

Are you going to be part of the **L**arge **L**oss **R**esponse **T**eam?..... Yes No
(If yes, we will provide you with the higher required limits of \$2,000,000 per occurrence/claim with \$5,000,000 annual aggregate)

Classification-For All Locations	Class Code
Disaster Restoration & Carpet, Furniture & Upholstery Cleaning	91405
Sub-Contractors Work	91585

COMMERCIAL GENERAL LIABILITY – SCHEDULE OF COVERAGES

Employee Benefit Liability: Do you offer any Employee Benefit Plans? (401K, Medical, Dental, etc.) Yes No

Lost Key Coverage (loss or disappearance of keys in your care) Yes No

Stop Gap – Employers Liability (ND, OH, WA, WY only) Yes No

SUMMARY OF COVERAGES

Cleaning Work Warranty – Liability applies only to the application of a cleaning process, which results in damage to the property being cleaned. The CWW has a standard limit of \$50,000 and carries a \$1,000 deductible and is automatically included in the CGL policy. **Optional Limit available:** \$100,000

Employee Benefi Liability – Liability of an employer for an error or omission in the administration of an employee benefi program, such as failure to advise employees of benefi programs. EBL has a standard limit of \$100,000 and carries a \$1,000 deductible.

Lost Key Coverage – Liability for when an insured becomes legally obligated to pay damages as a result of the loss or mysterious disappearance of any keys that are entrusted to or in the possession, care, custody or control of the insured. LKC has a limit of \$5,000 for each occurrence with a \$10,000 annual aggregate and carries a deductible of \$250.

EXCESS LIMITS OF INSURANCE – Select One (ONLY required by SERVPRO if you are part of the **L**arge **L**oss **R**esponse **T**eam)

\$1,000,000 \$2,000,000* \$3,000,000 \$4,000,000 \$5,000,000

*LLRT requires Limits of \$2,000,000

Underlying Coverages: RRRG CGL is required

RRRG Pollution Auto Employer Liability

Additional information is required if Auto or Employer Liability is requested

CONTRACTING/MISCELLANEOUS EXPOSURE

1. Provide percentage of receipts related to mitigation, reconstruction and additional construction for the previous calendar year:

- a. Mitigation (Fire smoke, water, flood and other damage cleaning) %
- b. Repair and Reconstruction (Reconstruction work related to mitigation performed by you or someone else) %
- c. Additional Construction Work (Construction work performed by you that is NOT related to any mitigation or Repair and Reconstruction job) %

Describe all additional construction work performed outside of SERVPRO® related repair and reconstruction work (if applicable).

2. Do you own a construction/contracting business? Yes No

If yes, please provide business name and current GL carrier:

3. Do you currently have a General Contracting license? Yes No
 If yes, please provide license number and state: _____
4. Do you employ someone that has a General Contracting license? Yes No
 If yes, please provide license number and state: _____
5. Do you have a Punch List and Dispute resolution process? Yes No
6. Do you confirm that there will be no "new" construction or "ground-up" construction completed?..... Yes No
7. Do you allow sub-contractors to work without providing you with a Certificate of Insurance for CGL?..... Yes No
8. Do you obtain updated copies of Certificates of Insurance from all subcontractors at least annually? Yes No
9. Do you lease equipment to others?..... Yes No
 (If yes, complete supplemental leasing equipment application)
10. Provide % of previous 12 months receipts related to COVID-19 cleanup work? %

GL/POLLUTION LIABILITY INFORMATION

1. Proposed Pollution Retro Date Requested: (Refer to current policy for date)
2. Have you had any General Liability claims in the last five years?..... Yes No
3. Have you had any Pollution Liability claims in the last five years?..... Yes No
4. Are you currently involved in a lawsuit as a result of your work as a SERVPRO® franchise?..... Yes No
 If yes, provide details:
5. Has any work accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No
6. Are you aware of any circumstance or situation that has occurred and not been reported to your current carrier that could lead to a claim?..... Yes No
 If yes, provide details:
7. It is agreed that if such knowledge exists, then any claim that may occur is excluded from this coverage unless expressly provided in the policy. Yes No
8. List your current General Liability carrier and expiration date of insurance (e.g. Cincinnati, 12/15/2022):
9. List your current Pollution Liability Policy carrier and expiration date of insurance (e.g. CapSpecialty, 12/15/2022)
10. Have you had a lapse in Pollution coverage? Yes No
11. If so, explain and provide dates of lapse:
12. Are you aware of any customer complaints that have not been resolved? Yes No
 If so, please provide customer(s) name and date(s) of service:
13. Was any tail coverage purchased under any previous policy?..... Yes No
14. List General Liability premiums for previous three years (For each year; Current year first e.g. 2019-\$2000, 2018-\$2000, 2017-\$3500):
15. List Pollution Liability premiums for last three years (For each year; Current year first e.g. 2019-\$2000, 2018-\$2000, 2017-\$3500):

REQUIRED FOR SPECIAL CONDITIONS COVERAGE ONLY

1. Do you have Intentional Criminal Acts on current General Liability?..... Yes No
2. Do you have Contractual Liability on current General Liability? Yes No
3. Do you have Sub-Contractor coverage on current General Liability? Yes No
4. Do you have Contractual Liability on current Pollution Liability?..... Yes No
5. Do you have Sub-Contractor Coverage on current Pollution Liability? Yes No

WATER/MOLD REMEDIATION INFORMATION

- 1. Is it your practice to conduct a walk-through survey after the job is complete? Yes No
- 2. Have you or your sub-contractors completed any projects where you caused water leaks or flooding? Yes No
- 3. Has there been any microbial matter you caused during water remediation work? (Incomplete Drying) Yes No
- 4. Is it your practice to check all job sites for pre-existing mold contamination? Yes No
- 5. Do you use a moisture meter on water jobs and do you document every job?..... Yes No
- 6. Have you recently purchased or currently own and use an Infrared camera for water damage claims? Yes No
- 7. Is it your practice to obtain lead-based paint and/or asbestos tests when the age of the building indicates such materials may be present?..... Yes No
- 8. Does your franchise operating state require licensing for mold remediation?..... Yes No

If yes, provide individual(s) name and license number below:

Mold Remediation Licensed Personnel:

<input type="text"/>	License #:	<input type="text"/>
<input type="text"/>	License #:	<input type="text"/>
<input type="text"/>	License #:	<input type="text"/>

MISCELLANEOUS LIMITED PROFESSIONAL LIABILITY (available only to full Pollution Liability policyholders with RRRG)

Only those lead paint testing services required to be performed under the federal guidelines of the Environmental Protection Agency for Lead-Based Paint Poisoning Prevention in Certain Residential Structures,

Collection of samples for testing by an independent testing laboratory, the evaluation of work performed by others, providing proposals, estimating costs and/or work required for fire, water, mold and viral remediation services performed as a Servpro Franchisee.

Higher Limits are Available (\$250,000 Included)

Optional Limit: \$600,000

ADDITIONAL INSURED (applicable only if RRRG is your primary CGL and/or Pollution carrier)

- 1. Do you perform contract work for Crawford Contractor Connection?..... Yes No
- 2. Do you perform contract work for Alacrity Renovation? Yes No
- 3. Do you perform contract work for Sedgwick Claims Management?..... Yes No

Limits of Insurance – The Insured hereby acknowledges that they are aware that the limit of liability contained in the Contractor's Pollution Liability policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such an event, RRRG shall not be liable for the costs of legal defense or the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Insured further acknowledges they are aware that legal defenses costs shall be applied against the deductible amount.

It is understood and agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage, unless expressly provided otherwise in the policy or by endorsement. The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Warranty Statement

Completion of this form does not bind coverage.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application.

Notice: Any person who knowingly provides false, incomplete or misleading information on this application shall be subject to the penalties under law and denial of claim(s).

Signature of owner, officer or partner is required. I have read and understand this application.

Signature: Date:

Print name and title:

Additional Comments:

Equipment Leasing Supplemental Application

GENERAL INFORMATION

Legal (Entity) Name:

Franchise Number(s):

Legal (Entity) name of leasing company (if applicable)

Owner Name(s):

Gross Annual Rental Sales: \$

1. If you have a separate leasing company, do you currently have separate General Liability coverage for this company? Yes No

If yes, name of carrier and effective date of coverage:

2. Do you lease equipment to other SERVPRO® Franchises or to any other individual or entity that you do not have ownership interest in? Yes No

3. What type(s) of equipment are you leasing?

4. Was any of your equipment purchased in used condition? Yes No

5. Do you perform an equipment inspection when a rental unit is returned? Yes No

6. Do you attach an inspection tag to qualify the operational status of the rental unit before the next rental? Yes No

7. Do you maintain a log by serial number to track preventative maintenance and repairs you perform? Yes No

8. Prior to renting a unit, do you provide training on the use of the unit? Yes No

9. Do you rent any units, which are powered by diesel fuel, propane or gasoline? Yes No

10. Do you use a formal rental agreement, which is signed by the Lessee/Renter? Yes No

11. Do you charge a Rental or Loss Damage Waiver for Physical Damage to the rental unit? Yes No

12. Do you obtain a Certificate of Insurance for the Commercial General Liability insurance carried by the Lessee/Renter? Yes No

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.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application.

Notice: Any person who knowingly provides false, incomplete or misleading information on this application shall be subject to the penalties under law and denial of claim(s).

Signature of owner, officer or partner is required. I have read and understand this application.

Signature: Date:

Print name and title:

No Loss and Known Loss Letter

Franchise Name (legal entity name you operate under):

Franchise Number(s):

Address: City: State: Zip:

Your Telephone Number w/Area Code: Best Time to Call:

To RRRG Underwriting

NO KNOWN LOSS

We have requested loss runs from prior carriers for the policy periods and policies summarized below and have been unable to obtain them at this time. To the best of our knowledge, we are aware of no claim or potential claim made against these policies. **If you are aware of prior or current claims, please list the claim date and any details in the box below.** We understand that we have 45 days from completion of this letter to obtain currently dated loss runs.

Expiring Policy Period:

Carrier/Policy #/GL:

Carrier/Policy #/Pollution:

First Prior Policy:

Carrier/Policy #/GL:

Carrier/Policy #/Pollution:

Second Prior Policy:

Carrier/Policy #/GL:

Carrier/Policy #/Pollution:

Third Prior Policy:

Carrier/Policy #/GL:

Carrier/Policy #/Pollution:

KNOWN LOSS

I am aware of the following General Liability and or Pollution Liability claims filed against my insurance policies during the last three years. If no losses are known, state "no losses" in the box below.

Claimant	Date of Claim	Claim Details
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

To the best of my knowledge, the above information is complete and accurate.

Signature: Date:

Print name and title:

Warning: Failure to provide accurate prior loss information on this form could lead to cancellation and rewriting of your policy should past losses be discovered.

Administered by:

When fully completed, return to your account agent **or**
 ServproFranchiseInsurance@marsh.com



In these transactions, Marsh is acting as the program administrator for RRRG and not as your broker. While alternative insurance products may be available in the insurance marketplace, Marsh is providing these product options on behalf of RRRG.
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