

Restoration Risk Retention Group Renewal Application

Date: _____ Renewal Date: _____ Parent Franchise #: _____

Named Insured: _____

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 you or someone else) _____%

c. Additional Construction Work (Construction work performed by you that is NOT related to any mitigation or Repair & Reconstruction job) _____%

List the type of additional construction work you will be performing (if applicable):
e.g. Framing, carpentry, electrical, plumbing, flooring, drywall, paint, cabinetry, HVAC, Roofing
by means of In house or sub contracted vendors

2. Provide % of previous 12 months receipts related to COVID-19 work. **If none enter 0.** _____%

3. REQUIRED: A copy of your current General Contracting License with this completed application.

a. If no GC license; provide details below on the certifications and/or experience your organization maintains.

4. Do you have a Punch List and Dispute resolutions process? Yes No

5. REQUIRED: New construction or ground up construction (any 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.

Initial to Acknowledge →

6. In full compliance to SPI subcontractor agreement #28718?..... Yes No

7. What forms/agreements are you using for Contracting: _____

8. Additional Named Insured(s) currently included on your RRRG Policies:

Additional Named Insured: _____

Additional Named Insured: _____

Additional Named Insured: _____

Additional Named Insured: _____

Additional Named Insured: _____

a. What is the annual revenue for the entity(ies) above that is **NOT** royalty bearing? \$ _____

Comments: _____

Signed by: _____

Date: _____ **Title:** _____

WHEN COMPLETE, FORWARD A SIGNED COPY OF THE COMPLETED APPLICATION, ALONG WITH ALL RE-QUIRED DOCUMENTS TO:

ServproFranchiseInsurance@marsh.com