Supplemental Application
for
Contractors and Consultants Performing
Mold Services

Please submit the following in addition to the Supplemental Application:

- Applicants own Mold/Fungus Remediation Standard Operating Procedures
- SOQ, licenses and/or training certifications for all personnel performing and/or supervising remediation operations.

Applicant: ________________________________________________________________

Part I  General Information

1. Estimated receipts for the upcoming year $________________________

   Please break down your receipts derived from Mold operations as follows:

<table>
<thead>
<tr>
<th>Operations</th>
<th>Total Revenue</th>
<th>% By Insured</th>
<th>% By Subs.</th>
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</thead>
<tbody>
<tr>
<td>Mold Remediation</td>
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<tr>
<td>Mold Testing &amp; Analysis/Lab Services</td>
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<tr>
<td>Mold Sampling</td>
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<tr>
<td>Remediation Design w/out implementation</td>
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<tr>
<td>Remediation Design w/implementation</td>
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<tr>
<td>Project Management w/supervision of Subs.</td>
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<td>Other:</td>
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<td>Other:</td>
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<tr>
<td>Total Receipts</td>
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</tbody>
</table>

2. What percentage of your revenues is attributable to residential work? ____% 

3. What percentage of your work is for insurance companies? ____%  
   Single Family Dwellings? ____%  Multi Family (Condo or Apartment)? ____% 

4. In which states do you perform your operations?  ________________________________

5. Who determines to what extent the contamination exists?  ________________________________

6. Is the analysis of Mold subcontracted to an outside laboratory?  □ Yes  □ No
7. Do you present the client with remedial alternatives prior to performing the mold remediation along with the limitations of each alternative?  □ Yes  □ No  If yes, how is this documented?


8. Do you communicate to the client that mold problems almost certainly will reoccur if moisture problems are not resolved?  □ Yes  □ No  If yes, how is this documented?


9. Are the conditions that caused the mold / fungus contamination always corrected before you begin mold / fungus remediation?


10. If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented?


11. Do you ever accept responsibility to diagnose, correct, or warranty against, the moisture problems that contribute to creating mold problems?  □ Yes  □ No

What documentation confirms and communicates this to the client? (please attach copies)


Part II Contractual Information

1. What contractual provisions are in force to protect your firm against mold-related exposures?


2. Please provide the standard contract or engagement letter used for mold projects
   a) Is the contract used for all jobs?  □ Yes  □ No
   b) Is the contract reviewed by counsel if altered or amended?  □ Yes  □ No

3. Please provide the standard contract used with consultants, laboratories or subcontractors/sub-consultants
   a) Is the contract used for all jobs?  □ Yes  □ No
   b) Is the contract reviewed by counsel if altered or amended?  □ Yes  □ No

4. How do you address evaluation of mold in non-viable areas (areas difficult to access or visually inspect, i.e. wall cavities), and what documentation confirms and communicates this to the client?
5. What warranties or guarantees do you give regarding the mold remediation operations and mold related professional services you perform?

Part III Subcontractor/Sub Consultant Information

1. Are Subcontractors/Sub-consultants hired under written contract? □ Yes □ No
   - Does the contract contain an Indemnity provision in favor of the applicant? □ Yes □ No

2. Are Sub-consultants required to carry Professional Liability Insurance? □ Yes □ No
   - Do Subcontractors/Sub-consultants provide Certificates of Insurance? □ Yes □ No
   - Does the Applicant review and maintain all Insurance Certificates provided? □ Yes □ No
   - Does the Applicant require to be named Additional Insured under the Subcontractors policy(ies)? □ Yes □ No

Part IV Job Site/Operations

1. What measures are employed to protect personnel at or in proximity to the job site?

2. Do you use temporary, casual, or labor pool workers? □ Yes □ No
   If yes, how do you address training/qualifications of these workers?

3. Is a project manager/supervisor on site at all times during remediation projects? □ Yes □ No
   If no, please explain.

4. How are odor complaints, allergic reactions, potential health problems or claims addressed?

5. What guidelines do you adhere to in the performance of mold services?
6. Do you perform bulk and/or surface sampling prior to and after remediation?  ☐ Yes  ☐ No
   If yes, who performs this sampling and what are their qualifications? ____________________________

7. Do you perform air quality testing prior to, during, and after remediation?  ☐ Yes  ☐ No
   If yes, who performs this sampling and what are their qualifications? ____________________________

8. Final clearance:
   a.) Are final clearance criteria always established before mold remediation begins?  ☐ Yes  ☐ No
   b.) Has your firm ever failed to achieve final clearance the first time?  ☐ Yes  ☐ No
      After re-cleaning?  ☐ Yes  ☐ No
      After more than three times?  ☐ Yes  ☐ No
   If yes, please describe clearance criteria, and explain. ____________________________

9. Who makes the final decision as to when mold remediation is complete, and how is this documented?
   ____________________________

10. Airduct cleaning:
    a.) Will you perform HVAC duct cleaning?  ☐ Yes  ☐ No
    b.) If yes, what guidelines will you follow?
    c.) Will you routinely introduce biocides into the HVAC system?  ☐ Yes  ☐ No
    d.) What provisions of licensing are adhered to when using biocides? ____________________________

11. Mold contaminated contents:
    a.) Describe the area, both on-site and off-site, where you perform cleaning of mold contaminated
        contents. ____________________________
    b.) What additional steps do you take when contents are cleaned off-site? ____________________________

(Signature)                                                                                                                                      (Date)

(Title)