



PLEASE COMPLETE, SIGN AND DATE THIS SUPPLEMENTAL APPLICATION

1. Site and Contact Information

Site Name: Site Contact: Site Phone: Address: Title: Site Fax: City, State, Zip: Owner Contact: Owner Phone: Owner or DBA: Title: Owner Fax:

2. Business Class

- Residential Schools, Colleges, Universities Office Healthcare Retail Restaurant/Food Service Hotel

3. Please provide information regarding the following water-related sources at your facility. If not applicable to this facility, mark as "N/A". Please describe any water intrusion or emergency maintenance incidents for each source. If no boxes are checked, please skip to number 5.

Pools

Roof-top Indoor Outdoor Water tower/Cooling tower Roof-mounted HVAC Laundries Onsite surface water Onsite wastewater treatment

Basement/Sump

Sauna/Locker room

4. Have there been any incidents of water intrusion and/or leaks caused by anything other than the above mentioned water-related sources? Yes No. If yes, please describe the nature and location.

5. Check the appropriate boxes for building construction.

Interior

- Stucco, Plaster
- Paneling
- Drywall/Gypsum
- Unfinished wood
- Unfinished masonry

Exterior

- Brick/concrete
- Wood
- Stone/marble
- Stucco
- Vinyl/Aluminum Siding
- Exterior Insulation and Finish Systems (EIFS)

6. **Building History**

Construction

Year _____
Last Major Renovation _____

Roof

Age _____
 Flat
 Pitched
 Rubber or Similar
 Shingle

Plumbing

Age _____
 Lead
 Copper
 Polybutylene
 Galvanized

7. Please provide information for the building's HVAC system (e.g., what type of cooling/heating, where are the condensing units, etc.): _____

8. Is there a preventative maintenance plan in place for the HVAC system? Yes No. If yes, please describe:

9. Have there been reports of illness or complaints due to indoor air quality? Yes No. If yes, please describe:

10. Do residents or tenants have access to the roof? Yes No. If yes, please describe roof-top activities:

11. Has there been or is there currently any visible mold growth or odors to indicate the possibility of mold? Yes No. If yes, please details extent and locations of growth: _____

12. Are there building maintenance management plans or policies in place? If so, please indicate whether the following components are present and submit a copy of the plan/policy. Yes No.

- Response to water intrusion events within 48 hours
- Written recordkeeping
- Subcontracted routine building maintenance
- Tenant/occupant communication

If no, how would the insured handle water-related problems? _____

13. Are there written plans or policies in place to address mold control, recognition, remediation and management? Yes No. If yes, do the plans/policies address the following components (submit a copy of the plan/policy).

- Response time within 48 hours
- Written recordkeeping
- Tenant/occupant communication
- Mold-specific training of maintenance staff
- Post water intrusion response inspection or mold
- Specific mold investigation and remediation procedures

If no, what procedures are in place to handle a mold problem? _____

14. Does the lease agreement with residents/tenants address the following issues:

Are the residents/tenants responsible for maintaining the condition of the apartment? Yes No

How would a resident/tenant report maintenance problems: _____

How would a resident/tenant report water leaks: _____

By signing below, applicant hereby certifies that the statements made and the information and data supplied herewith are true, accurate and complete.

Applicant Signature: _____

Applicant Name (Printed): _____

Title: _____

Date: _____