

**CLEANING AND RESTORATION SERVICES
 INSURANCE QUESTIONNAIRE**

GENERAL INFORMATION

Date Form Completed: _____ Person Completing Form: _____

How did you hear about Moody? _____

Business Name
(incl Corp and T/A names): _____

Contact Person: _____ Title: _____

Mailing Address: _____

Location Address: _____

Phone: _____ Fax: _____ Email: _____

Entity Type (Corp, Sole Prop, LLC, etc.): _____ Federal ID #: _____ Date business started: _____

If New Venture, prior experience: _____ Website: _____

Please list all states in which you do business: _____

Business Description (including typical services performed, clients served, products, etc.): _____

Do you operate any other type of business or own any other building than listed on this form? Yes No If Yes, please provide details: _____

RECEIPTS AND OPERATIONS

RECEIPTS Current Year:	First Prior Year:	2nd Prior Year:	3rd Prior Year:
PROJECTED NEXT 12 MONTHS OPERATIONS	Total Projected Gross Receipts	% of Work Subcontracted	Payroll
Water Extraction/Drying			
Mold Remediation			
Carpet Cleaning/Janitorial			
Asbestos Abatement			
Reconstruction Related to Fire/Water Restoration			
General Construction Unrelated to Fire/Water Restoration			
TOTALS:			

*** PLEASE INCLUDE A COPY OF YOUR STANDARD CONTRACT ***

CONTRACTING OPERATIONS

Do you have an attorney who evaluates your contracts? Yes No If Yes, who is your attorney? _____

Who has the authority to sign contracts? _____

Do you have a procedure to handle mold-related complaints? Yes No Please provide details below. _____

Is there a written reporting process for water- or mold-related issues at job sites? Yes No Please provide details below. _____

Do you conduct a property survey at the time the owner takes possession? Yes No Please provide sample survey.

Who performs testing at job sites?

Do you subcontract to outside certified laboratories? Yes No Please provide details below.

Do you perform new ground-up construction? Yes No Please provide details below.

CONTRACTING OPERATIONS COMMENTS:

*** PLEASE ATTACH COPIES OF YOUR CURRENT POLICY DECLARATIONS PAGES FOR MOST ACCURATE QUOTE ***

LOCATION / BUILDING INFORMATION

Type of building you occupy (office, retail strip mall, industrial, etc.)		Owner or Tenant?	Sq Ftg You Occupy:
Stories:	Approx Year Built:	Construction (Frame, Masonry, Noncombustible, Fire Resistive, etc.):	% of Bldg Sprinklered:
If bldg over 30 yrs old, Year(s) Updated for Wiring, Heating, Plumbing, Roof:		Alarm? Burglar or Fire? Local or Central Station?	

PROPERTY

Building:	► Contents Replacement Value:	Improvements & Betterments:
Business Income & Extra Expense:	Computer Hardware:	Computer Software (data & media):
Valuable Papers:	Accounts Receivable:	Exterior Sign?
Building Glass (measurements):	Other Property Used or Stored Off Premises (describe & value):	
Total Misc Mobile Tools & Equipment (max \$,1000 value per item):	Scheduled Mobile Equipment (for individual items exceeding \$1,000 in value):	ATTACH SCHEDULE
Do you rent or loan equipment to others? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details:		

► Contents may include, but is not limited to: Leasehold Improvements, Leased Property, Inventory, Furniture/Fixtures, Equipment, Printed Materials, Consumables, and Property of Others in Your Care. Please consult your lease requirements when choosing the coverage and limits for this location.

CRIME

Employee Dishonesty Limit:	401(k) Plan? If Yes, Plan Name:	
Forgery/Alteration Limit:	Theft of Money (Inside/Outside):	Computer Fraud Limit:

GENERAL LIABILITY

Each Occurrence Limit:	General Aggregate Limit (if other than 2x Occurrence):
Fire Legal Liability Limit (if other than \$50,000):	Medical Payments Limit (if other than \$5,000):
Do you require subcontractors to have insurance, and do you obtain Certificates of Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROPERTY | CRIME | GENERAL LIABILITY SECTION COMMENTS:

WORKERS COMPENSATION | OWNERS | List below all owners/officers of the business, whether active or inactive in operations.

Owner/Officer Name	Title	% of Ownership	Duties (or indicate if inactive)	Annual Payroll	Include or Exclude?

WORKERS COMPENSATION | Please review your current policy for all classes & codes

Employee Class or Description of Duties	Code (if known)	Estimated Annual Payroll (do not include owners here)	# FT Employees	# PT Employees	State

Do you lease employees to or from other employers? If Yes, please provide details: Yes No

Do you use volunteers? If Yes, for what type of work? Yes No

Employers Liability Limits (if other than \$100,000 / \$500,000 / \$100,000):

WORKERS COMPENSATION SECTION COMMENTS:

AUTOMOBILE

Auto Liability (Combined Single or Split Limits):	Uninsured / Underinsured Motorist Limit(s):
Medical Payments:	Personal Injury Protection:
Comp Deductible:	Collision Deductible:
Towing & Labor (for private passenger vehicles):	Rental Reimbursement:

If any owners / key employers have their personal vehicles on policy, please give their names and names of their spouses below.

Do you rent vehicles for business use? Yes No If Yes, # of days per year

Do employees use personal vehicles for business? Yes No If Yes, for what purposes?

AUTO SECTION COMMENTS:

VEHICLE SCHEDULE | Please complete the below or attach a separate schedule of your own

Year	Make / Model	Vehicle ID (Serial Number)	Original Cost New	Garaging City, State	** Titled/Leased in business name?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

** For vehicles not titled/leased in the business name, please indicate the name of the titled owner or lessee for each vehicle:

DRIVER SCHEDULE | Please complete the below or attach a separate schedule of your own

Driver Name (as shown on license)	Drivers License Number	State	Date of Birth

OTHER COVERAGE TO CONSIDER | Would you like more information or a quotation on any of the following?

Umbrella Liability Policy:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee Benefits Liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Practices Liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Directors & Officers Liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Errors & Omissions Professional Liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fiduciary Liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>
International:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cyber Network Security Liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other coverage not included above:

INSURANCE CARRIER HISTORY

Have you had insurance coverage declined, cancelled or non-renewed during the last 3 years? Yes No

If Yes, please provide details:

Coverage / Policy	Company	Expiration Date	How Long with this Company
Property & General Liability			
Automobile			
Workers Compensation			
Umbrella			
Other:			

CLAIMS / LOSS INFORMATION

IF CURRENTLY INSURED: PLEASE CONTACT YOUR CURRENT/PRIOR AGENT(S) OR INSURANCE COMPANY(S) FOR A CURRENTLY-VALUED LISTING OF YOUR CLAIMS HISTORY ("LOSS RUNS") FOR THE PAST 3 YEARS

COMMENTS AND ADDITIONAL INFORMATION