

Return application to:

Aon Affinity Insurance Services, Inc.
SERVPRO® Franchisee Insurance Program
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034
Phone: 866-231-2006 • Fax: 800-567-4028
Email: RRRGInsurance@aon.com



CGL, Excess, Pollution, Miscellaneous Professional Liability, LSR and Special Conditions Application

Coverages Requested:

- | | | |
|------------------------------|---|---|
| <input type="checkbox"/> CGL | <input type="checkbox"/> Excess | <input type="checkbox"/> Pollution/Miscellaneous Professional Liability |
| <input type="checkbox"/> LSR | <input type="checkbox"/> Special Conditions CGL | <input type="checkbox"/> Special Conditions CPL |

RRRG Proposed Effective Date: _____ Proposed Expiration Date: _____

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? No Yes

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

REQUIRED: Are you purchasing an existing franchise in the SERVPRO system? No Yes

If yes, will you be purchasing all assets? No Yes

Or, will you be purchasing all assets and liabilities? No Yes

If yes, are you aware of any open incidents or claims on prior franchise? No Yes

General Information

Legal (Entity) Name: _____ Email: _____ In Business Since: _____

Mail Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Additional premises locations? Please list here: _____

Phone: _____ Fax: _____ Cell: _____

Owner Name: _____ Director Trainer Associate

Business Type: Corporation LLC Partnership Individual

SERVPRO® Name and Franchise Numbers Number of licenses: _____

1. Franchise # _____ SP of _____ City, State: _____

2. Franchise # _____ SP of _____ City, State: _____

3. Franchise # _____ SP of _____ City, State: _____

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 Large Loss Response Team? 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.)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Lost Key Coverage (loss or disappearance of keys in your care)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Stop Gap – Employers Liability (ND, OH, WA, WY only)	No <input type="checkbox"/> Yes <input type="checkbox"/>

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.

Employee Benefit Liability – Liability of an employer for an error or omission in the administration of an employee benefit program, such as failure to advise employees of benefit 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

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

Higher Limits are available upon request with referral approval. Requested Limits Needed: _____

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

GL/Pollution Liability Information

Proposed Pollution Retro Date Requested: (Refer to current policy for date) _____	
Have you had any General Liability claims in the last five years?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you had any Pollution Liability claims in the last five years?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you currently involved in a lawsuit as a result of your work as a SERVPRO® franchise? If yes, provide details: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has any work accident or location been excluded, uninsured or self-insured from any previous coverage?	No <input type="checkbox"/> Yes <input type="checkbox"/>
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? If yes, provide details: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
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.	No <input type="checkbox"/> Yes <input type="checkbox"/>
List your current General Liability carrier and expiration date of insurance (e.g. Cincinnati, 3/14/19): _____	
List your current Pollution Liability Policy carrier and expiration date of insurance (e.g. Rockhill, 3/14/19): _____	
Have you had a lapse in Pollution coverage? If so, explain and provide dates of lapse: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you aware of any customer complaints that have not been resolved? If so, please provide customer(s) name and date(s) of service: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
Was any tail coverage purchased under any previous policy?	No <input type="checkbox"/> Yes <input type="checkbox"/>
List General Liability premiums for previous three years (For each year; Current year first e.g. 2019-\$2000, 2018-\$2000, 2017-\$3500): _____	
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	
Do you have Intentional Criminal Acts on current General Liability?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have Contractual Liability on current General Liability?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have Sub-Contractor coverage on current General Liability?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have Contractual Liability on current Pollution Liability?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have Sub-Contractor Coverage on current Pollution Liability?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Distributor/Training Information N/A

How many franchises are under your designation as a trainer? _____	How many in training? _____
Do you have a dedicated classroom for training?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you use any non-SERVPRO® educational materials for any of your training?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you provide training to anyone other than SERVPRO® Franchises?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you want Professional Liability coverage under the GL policy?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you want the Training Endorsement under the PL policy?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Water/Mold Remediation Information

1. Is it your practice to conduct a walk-through survey after the job is complete?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Have you or your sub-contractors completed any projects where you caused water leaks or flooding?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Has there been any microbial matter you caused during water remediation work? (Incomplete Drying)	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Is it your practice to check all job sites for pre-existing mold contamination?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. Do you use a moisture meter on water jobs and do you document every job?	No <input type="checkbox"/> Yes <input type="checkbox"/>
6. Have you recently purchased or currently own and use an Infrared camera for water damage claims?	No <input type="checkbox"/> Yes <input type="checkbox"/>
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?	No <input type="checkbox"/> Yes <input type="checkbox"/>
8. Does your franchise operating state require licensing for mold remediation?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, provide individual(s) name and license number below:	
Mold Remediation Licensed Personnel:	

Miscellaneous 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.

Additional Insured (applicable only if RRRG is your primary CGL and/or Pollution carrier)

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

Limits of Insurance – The Insured hereby acknowledges that they are aware that the limit of liability contained in the Contractor’s PollutionLiability 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: _____

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Email: RRRGInsurance@aon.com



Equipment Leasing Supplemental Application

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? No Yes
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? No Yes
3. What type(s) of equipment are you leasing? _____
4. Was any of your equipment purchased in used condition? No Yes
5. Do you perform an equipment inspection when a rental unit is returned? No Yes
6. Do you attach an inspection tag to qualify the operational status of the rental unit before the next rental? No Yes
7. Do you maintain a log by serial number to track preventative maintenance and repairs you perform? No Yes
8. Prior to renting a unit, do you provide training on the use of the unit? No Yes
9. Do you rent any units, which are powered by diesel fuel, propane or gasoline? No Yes
10. Do you use a formal rental agreement, which is signed by the Lessee/Renter? No Yes
11. Do you charge a Rental or Loss Damage Waiver for Physical Damage to the rental unit? No Yes
12. Do you obtain a Certificate of Insurance for the Commercial General Liability insurance carried by the Lessee/Renter? ..No Yes

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: _____

The SERVPRO® Franchisee Insurance Program is administered by Aon Affinity, the preferred provider of insurance services to the SERVPRO® Franchise System. Aon Affinity is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc., a licensed producer in all states (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc., (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

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

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

Signed: _____ Date: _____

Name: _____ 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.

The SERVPRO® Franchisee Insurance Program is administered by Aon Affinity, the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc.; (AR 244489); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (0G94493), Aon Direct Insurance Administrator and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.