



RESTORATION CONTRACTOR INSURANCE SUBMISSION CHECKLIST

This checklist is provided to assist our clients in completing their insurance application.

A complete submission enables your ARMR.NETWORK, LLC broker to obtain a quote for your insurance in a timely manner and on the most favorable terms. Without all of the items on the checklist it is likely we may not be able to submit the application to the underwriters, or obtain the best insurance design.

The materials are enclosed:

- A fully completed, signed and dated restoration contractors Insurance Application
- Loss runs for the past 2 years for general liability and pollution liability (if this coverage has been in place)
- 2 years of financial statements including the balance sheet plus profit and loss statement
- Copies of training certificates for water and mold, (such as IICRC)
- Copy of expiring policies declarations page and endorsement schedule
- Vehicle schedule and/or completed umbrella application



RESTORATION CONTRACTOR FRANCHISE – MEMBERSHIP – AFFILIATION CHECKLIST

ARMR.Network, LLC has created the below checklist to ensure that your restoration contractor clients receive all the benefits of the specialized custom programs we have designed for this Industry.

Please check all that all apply:

MEMBER & ASSOCIATIONS			
1-800-PACKOUTS	<input type="checkbox"/>	Lyonsbridge/CCA Global	<input type="checkbox"/>
1-800-Water Damage	<input type="checkbox"/>	Nexxus Solutions Group, LLC	<input type="checkbox"/>
AdvantaClean	<input type="checkbox"/>	Paul Davis Restoration	<input type="checkbox"/>
Alacrity	<input type="checkbox"/>	Puroclean	<input type="checkbox"/>
Code Blue	<input type="checkbox"/>	Rainbow International	<input type="checkbox"/>
Crawford Contractor Connection	<input type="checkbox"/>	RIA	<input type="checkbox"/>
DKI	<input type="checkbox"/>	Service Master	<input type="checkbox"/>
ICRA & Associations	<input type="checkbox"/>	ServPro	<input type="checkbox"/>
IMACC	<input type="checkbox"/>	Other:	<input type="checkbox"/>
<i>If your client is interested in becoming a member of one the networks visit www.armr.net for more information</i>			

Please contact your ARMN Producer with any questions.

Thank you for the opportunity to be of service!

ARMR Restoration Contractor Insurance Application



Instructions:

1. Please answer all questions. If any section does not apply, please indicate with N/A.
2. If space is insufficient, attach additional sheets of paper.
3. Have this application signed and dated by an authorized owner, partner, or director of the proposed first Named Insured. For purposes of this application, applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Application shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
4. Attach a list of Name Insured(s) to be covered under this policy and the relationship to the Applicant. The following items must be included for a complete submission:
 - A fully completed, signed and dated restoration contractors Insurance Application
 - Loss runs for the past 2 years for general liability and pollution liability (if this coverage has been in place)
 - 2 years of financial statements including the balance sheet plus profit and loss statement
 - Copies of training certificates for water and mold, (such as IICRC)
 - Copy of expiring policies declarations page and endorsement schedule
 - Vehicle schedule and/or completed umbrella application

Please indicate which coverage you are seeking:

- a. Contractors Pollution Liability (CPL) only
- b. Environmental Services Policy (ESP-Combined GL, CPL, E&O)





I. Location & General Information		
1. Name Insured, DBA Name & Additional Named Insured: (as written on policy past and present)		
2. Contact Name and Title:		
Website:	Email:	
Current Mailing address (include city, state and zip)		
Physical address: (if different from current mailing address)		
FEIN Number:	Phone:	Fax Number:
3. How many years has the applicant been in business?		
Number of Employee's:		
5. Is the applicant a franchise or industry group member? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, which one(s)?	
6. Named insured is a: Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other:		
7. Please give a detailed description of business operations:		
8. Is the applicant directly or indirectly associated with, controlled by, or owned by any other person or entity? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain below?		
9. Has the applicant's name or form of business entity changed, or has any other person or entity been purchased by or merged with or consolidated into the application? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, please detail changes in chronological order since inception in notes.</i>		



II. Requested Coverage

10. Effective Date :

<u>Deductible amount:</u> <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other _____	<u>Coverage Requested:</u> <input type="checkbox"/> CPL <input type="checkbox"/> CGL <input type="checkbox"/> PL <input type="checkbox"/> Excess _____	<u>Limits of Liability:</u> <input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$1M/\$2M <input type="checkbox"/> \$2M/\$2M <input type="checkbox"/> Other _____	<u>Limits of Excess/:</u> <input type="checkbox"/> \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> \$3M <input type="checkbox"/> Other _____
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III. Coverage History

11. Please list your current liability coverage information: * Attach current declarations page

Coverage	Occurrence or Claims Made	Carrier	Premium	Limits	Expiration Date	Deductible	Retro Date
Contractors Pollution Liability							
General Liability							
Professional (E&O)							
Umbrella							
Other							

IV. Exposure History: please provide gross revenue history

Please provide gross revenue results for the Periods noted Year:	Projected or Current Year:	Expiring:	First Prior:	Second Prior:
Gross Sales (\$)	\$	\$	\$	\$

V. Operations

12. What is the geographical extent of the Application operations? Please provide the state, where services are performed and associated percentage of revenue:

13. Do you work for any 3rd party claims administrators? Yes No
 If Yes, please list (may result in premium credit):

14. Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired:



15. Have there been any significant changes in business strategy or management over the past year?
 Yes No

16. Has the applicant filed for bankruptcy in the last five years? Yes No
 If Yes, please describe on separate sheet:

17. Do you do remodeling or new construction not associated with fire/water restoration?
 Yes No
 If yes, what percentage of total gross revenues derived from these operations

VI. Break out and Operations

18. What percentage of your work is derived from insurance carriers? (%)

19. Please indicate total gross revenue for each operation applicable to your firm:

Fire/ Water Restoration:	Total Gross Revenue	General Contracting/ Build-Back Work	Total Gross Revenue
	\$		\$
Operations Associated With Fire & Water Restoration	Total Gross Revenue for Each Fire & Water Restoration Operation:	Operations Associated with General Contracting/ Build-Back Work	Total Gross Revenue for Each General Contracting/ Build-Back Work operation:
Mold Abatement	\$	Interior painting	\$
Water Extraction	\$	Plumbing	\$
Carpentry/ Carpet Cleaning	\$	Siding/ Window Installation	\$
Interior Demolition	\$	Drywall/Wallboard Installation	\$
HVAC	\$	Flooring	\$
Duct Cleaning	\$	Electrical	\$
Sewage Cleanup	\$	Roofing	\$
Fire & Smoke Restoration	\$	General Remodeling	\$
Debris Removal	\$	Janitorial	\$
Other	\$	Other	\$
What Percent of the Above Fire & Water work is Subcontracted?	%	What Percent of the Above General Contracting/ Build-Back Work is Subcontracted?	%



VII. Claims and Circumstances

20. Has the applicant ever been subject to any claim by any client or other third party?
 Yes No *If Yes, please use separate sheet*

21. Has the Applicant ever been subject to any formal or informal disciplinary or enforcement action arising from any contracting operations or any action by any regulatory agency or any private party for any violation of any legal or any professional standard? Yes No
If Yes, please describe in the notes section.

22. Does the Applicant have any knowledge of any claims or reasonably foreseeable potential claims arising from any contracting operations ever provided by the Applicant? Yes No
 Or know of any releases of any substance into the environment subsequent to the Applicant's involvement in the project, from or at any project where the Applicant ever provided contracting operations? Yes No
If Yes, please describe in the notes section.

VIII. Vehicle Schedule

23.

<u>Make:</u>	<u>Model:</u>	<u>VIN #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES: (Please indicate what section or question to which the note(s) pertains (Please attach additional pages if more room is needed)

VIII. Warranty

AFTER REASONABLE INQUIRY, THE BELOW SIGNATURE ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGES IN THE OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY. ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.



Applicant's Name (Print):	
Title:	
Signature:	Date:

Insurance Representative:	
Agency Name:	
Current Mailing address:	
Telephone:	

VIII. Notice to Applicant- State fraud warnings

The meaning assigned to any defined term used in this Application shall be equally applicable to both the singular and the plural forms of such term, and word denoting any gender shall include all genders. Where a word or phrase is defined herein, each of its other grammatical forms shall have a corresponding meaning. The Applicant represents that the above statements are true and correct to the best of the Applicant's knowledge and that material or relevant facts have not been suppressed or misstated. Completion of this form does not bind coverage. This Application shall become part of the policy, if any issued by the company and shall be deemed to be attached to the policy.

Notice to Arkansas Applicant "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Colorado Applicant "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies."

Notice to Florida Applicant "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Notice to Kentucky Applicant "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime." Notice to Louisiana Applicant "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Maine Applicant "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

Notice to Nebraska Applicant "No misrepresentation or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under this policy or contract unless such misrepresentation or warranty: 1. Was material; 2. Was made knowingly with the intent to deceive; 3. was relied and acted upon by the company; and, 4. deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss."

Notice to New Jersey Applicant "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Notice to New Mexico Applicant "Any person who knowing presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties."

Notice to New York Applicant "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

American Risk Management Resources Network, LLC

Restoration Contractor Insurance Application



Notice to Ohio Applicant "Any person who with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Notice to Oklahoma Applicant "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Notice to Pennsylvania Applicant "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Notice to Tennessee Applicant "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage."

Notice to Utah Applicant "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

Notice to Virginia Applicant "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fine and denial of insurance benefits."

Notice to Washington D.C. Applicant "It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Notice to All Other State Applicants "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions."