



**First & Only Premium Discounts for ICRA Members\***

## Insurance Program Designed For International Cleaning and Restoration Association 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.



### I. Applicant

1. Named Insured

2. Address

City

State

Zip Code

3. Contact Name and Title

4. FEIN Number:

5. Phone Number

Mobile Phone Number

6. Internet/ Website address

7. DBA Name?

8. Insurance Agency contact information - If applicable

Name & Contact

Address

City

State

Zip Code

Email

9. Number of Years of Contracting Experience:

10. Who was your prior pollution or professional coverage with?:

\*Please provide expiring policy declarations page showing the retro date\*

11. What percentage of your technicians & project managers have completed the ICRA Performance Assessment?

12. Please complete the table below (break down should total annual revenues in each year.)

Gross Revenues	Mitigation Includes Drying or Water Extraction	Build Back/ Restoration *General Contractor	Total Annual Revenues
Projected Year			
Last Full Year			
Prior Full Year			

13. Please complete the table below (break down should total annual revenues in each year.)

Gross Revenues	Carpet Inspection	Carpet Cleaning	Other	Total Annual Revenues
Projected Year				
Last Full Year				
Prior Full Year				

14. Do you perform mold remediations?  Yes  No

If Yes, How much yearly projected total revenue comes from work involving mold?

15. Are you a member of a franchise organization? If yes please name:  Yes  No

16. What sub association are you apart of?  CRA  MSPCA  NEIRC  SCRT  
 MCRA  PACR Other

17. Are you a Crawford or Alacrity contractor?  
 \*Please provide which one\*

18. Have you incurred any insurance losses in the Past 3 years?  Yes  No

(If Yes please include 3 years of Insurance company loss runs)

19. Are you aware of any fact, circumstances, or situation which could result in a claim being made against you?  Yes  No

If Yes, Please provide details below:

## II. 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 THERE TO, 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 Signature:			
Title:		Date	
Applicant's Name:			

## III. Notice to Applicant-State fraud warning

The applicant represents that the above statements are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued in the reliance of such representations.

The meaning assigned to and defined term used in the Application shall be equally applicable to both the singular and the plural forms of such term, and word denoting and 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 their knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued in the reliance of such representations. 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 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 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."

**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 com