



Deerfield Insurance Company
Evanston Insurance Company
Essex Insurance Company
Markel American Insurance Company
Markel Insurance Company
Associated International Insurance Company

Broker Name:
 Broker Street Address:
 Broker City, State, Zip:

MICROBIAL MATTER AND MOLD SITE POLLUTION ADDENDUM

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

A. APPLICANT INFORMATION

Applicant:		Date:
Inspection Contact Name:		Phone:
Address:		
City:	State:	Zip Code:
Company Website:		D&B No.:
Company is a(n): Individual Partnership Corporation Joint Venture Other <div style="text-align: right;"><i>(please describe)</i></div>		

B. SITE INFORMATION

1. Please complete the following chart for all properties/locations to be covered under this policy:

Address	Current Use	Age	Construction Type	Age of Roof	Basement / Crawl Space

2. Will there be any changes in use for the above mentioned properties during the policy period? Yes No
 If Yes, please describe.

3. Are any of the above properties located in a 100 year flood plain or in an area subject to periodic flooding or ponding? Yes No
 If Yes, indicate date of last impact and actions taken in response to the flooding. Also describe precautions taken to prevent a recurrence of the problem.

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4. Please identify if any of the following are present at the above properties:
- | | |
|--|--|
| Asbestos containing materials | Bathroom/dryer ventilation to interior |
| Burms or built up areas around the building perimeter | Fountains |
| Vegetation in close proximity to building perimeter | Flat Roof |
| Planters (window boxes) at building perimeter | Sprinkler systems |
| Exterior Insulated Finishing Systems (EIFS) – if yes, please answer question 5. below. | |
5. EIFS
- | | | |
|--|-----|----|
| a. Drainage or barrier type: | | |
| b. Located in areas subject to impact? | Yes | No |
| c. Date of last inspection? | | |
| d. Prior issues? | Yes | No |
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C. BUILDING MAINTENANCE

- | | | | |
|-----|--|-----|----|
| 1. | Have any properties had a prior history of construction defects and/or maintenance issues which resulted in water intrusion to the property (please include HVAC, plumbing, roofing, window, sewer, building envelope issues, etc.)?
If yes, please describe response, result and precautions taken to prevent future issues. | Yes | No |
| 2. | Have any properties had a prior history of construction defects and/or maintenance issues which resulted in indoor air quality complaints?
If yes, please describe response, results and precautions taken to prevent future issues. | Yes | No |
| 3. | Does the property have full time maintenance staff?
If no, please identify who handles water intrusion issues and their availability. | Yes | No |
| 4. | Is there a designated water intrusion manager?
If yes, please list any water/mold related training. | Yes | No |
| 5. | Does the property have a Water Intrusion Prevention and Response Plan?
If yes, please attach copy. | Yes | No |
| 6. | Please describe how water intrusion complaints are handled, including supporting documentation: | | |
| 7. | What is your typical response time to water intrusion complaints? | | |
| 8. | Are regular building inspections performed to identify water intrusion/mold issues?
If yes, please attach copy. Do inspections include the following? | Yes | No |
| | a. HVAC systems | Yes | No |
| | b. Building Envelope | Yes | No |
| | c. Roof | Yes | No |
| | d. Plenums | Yes | No |
| | e. Plumbing | Yes | No |
| | If any problems/issues are identified in any of the above, please describe what response actions are taken and the documentation provided. | | |
| 9. | What investigatory equipment does your staff use to conduct moisture investigations? | | |
| 10. | Do all the properties have current Asbestos Surveys and/or Asbestos Operations and Maintenance Plans? | Yes | No |

D. MICROBIAL (MOLD) RISK MANAGEMENT

- | | | | |
|----|---|-----|----|
| 1. | Have any indoor air quality, mold investigations or mold remediations ever been performed at any of the properties? If Yes, please provide copy. | Yes | No |
| a. | Why was the investigation/remediation performed? | | |
| b. | What was the outcome of the investigation/remediation? | | |
| c. | What precautions were instituted to prevent a recurrence of the problem? | | |
| 2. | Are there visible areas of mold growth, water staining or suspected areas of mold growth present in any properties?
If Yes, please identify and describe your response actions. | Yes | No |
| 3. | Are there condensation and/or other moisture issues in any properties?
If Yes, please identify/describe. | Yes | No |
| 4. | Do you perform mold remediation with your own maintenance crews?
If Yes, please provide copies of any training. | Yes | No |
| 5. | Do you retain independent parties to respond to water intrusion events?
If Yes, do you require Certificates of Insurance evidencing mold coverage? | Yes | No |
| 6. | Do you have tenants in any of your properties?
If Yes, please answer the following questions: | Yes | No |
| a. | In your lease language, do you require them to provide prompt notification in the event of water intrusion or suspected mold growth? | Yes | No |
| b. | Please list any other lease provisions which require the tenants reduce the risk of mold development (i.e. maintaining temperature/humidity levels, altering HVAC balance, blocking thermostats, etc.) Attach applicable portions of lease. | | |

E. GENERAL INFORMATION

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| At the time of completion of this questionnaire, are you aware of any facts, circumstances, building conditions or suspected building conditions which may reasonably be expected to result in notices, complaints and/or claims being asserted against your company arising from indoor air quality or mold at the insured properties? | Yes | No |
|---|-----|----|