



Name of Insurance Company to which **Application** is made (herein called the “**Insurer**”)

**CONTRACTOR ENVIRONMENTAL AND PROFESSIONAL COVERAGE<sup>SM</sup> APPLICATION**  
**SUPPLEMENTAL MOLD CLAIM INFORMATION**

**Submit one form for each claim or incident. If space is insufficient to answer any question completely, please use the Additional Information page attached to this application.**

1. Full name of the Applicant Firm:
2. Full name of the Firm which reported the claim (if different from above):
3. Full name of the Claimant:
4. Indicate whether:            Claim / Suit                      Incident / Potential Claim                      Remediation Expense
5. Date / Period of mold incident that led to claim:
6. Date the claim was reported to the insurance carrier:
7. Indicate whether:            Claim Covered                      Denied                      Self Insured
8. Other parties against which this claim is made:
9. This claim is:                      Open                      Closed
10. If CLOSED, indicate the date closed:
11. Please complete the following:

**If claim is still open:**

- a. Remediation expenses incurred/Estimate:    \$
- b. Claimant's settlement demand:                      \$
- c. Defendant's offer for settlement:                      \$
- d. Insurance company's loss reserve:                      \$
- e. Deductible:                      \$
- f. Total loss and expenses paid to date:                      \$

**If claim is closed:**

- a. Remediation expenses incurred:                      \$
- b. Loss paid in excess of deductible:                      \$
- c. Expenses paid in excess of deductible:                      \$
- d. Deductible:                      \$
- e. Settlement reached via:
 

Court Judgment	Formal mediation/Arbitration proceeding	Out of court settlement
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**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

\_\_\_\_\_  
Signature

Date