



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

**PREMISE ENVIRONMENTAL 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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- f. Type of remediation:
 

Voluntary program	Formal mediation/Arbitration proceeding	Regulatory settlement
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**Note: If information is not available, please provide a copy of the suit papers.**

12. Name of Insurance company:

13. Claim number:

14. Description of claim / incident:

a. Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter. Please indicate if the claimant was your client. **If no, fully explain claimant's relationship to client:**

b. Was a lease addendum used that outlined a tenant's responsibility to prevent and report mold? Yes No

c. Was the mold a result of a construction defect? Yes No

d. Was the mold a result of a chronic leak? Yes No

e. What action has your firm taken to prevent a recurrence of such a claim in the future?

f. Did this incident or claim follow or result from an action to raise or collect rents? Yes No

**I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Premises Environmental Coverage<sup>sm</sup> application and is subject to the same conditions as stated on the application.**

Name (Please Print/Type)

Title (MUST BE SIGNED BY A PRINCIPAL PARTNER OR OFFICER)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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