

## QUESTIONNAIRE

### ENVIRONMENTAL CONTRACTORS AND COVID-19

**For questions that ask for details / description, if you do not have enough room in the space provided when asked, please provide in a separate attachment.**

#### I. APPLICANT INFORMATION

<b>1.1</b>	<b>Named Insured</b>	
	Name:	
	Address:	
	City, State, Zip:	
	County:	
	Phone:	
<b>1.2</b>	Website Address(es):	

#### II. OPERATIONS/WORK PROPOSED OR PERFORMED

<b>2.1</b>	In the next 12 months, what percentage of your current operations will involve work related, <b>in any way</b> , to COVID-19? (Including, but not limited to, cleaning, disinfecting, remediation, or <b>any other activities</b> .)		
	<b>Percent of Total Operations:</b>		%
	<b>Expected Revenues from such Operations in the next 6 months:</b>	\$	
<b>2.2</b>	Does the Insured plan on performing any of the following work in the next 12 months? <b>Indicate Yes or No below for each.</b>		
	a. Cleaning or disinfection of any site, <b>prior to</b> any suspected or confirmed case of COVID-19 at such site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Cleaning or disinfection of any site where there has been a suspected exposure to a case of COVID-19.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. Cleaning or disinfection of any site where there has been a confirmed exposure to a case of COVID-19.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.3</b>	If the response to 2.2(b) or 2.2(c) was <b>yes</b> , please complete the following information for each site. (If additional space is needed, please list projects in an attachment and include the information below.)		
	<b>Location of Site</b> (Provide complete address.)	<b>Type of Site/Building</b> (Please be specific as to use, i.e. healthcare facility, general office building, school, governmental offices, etc.)	<b>Named of Customer/Client</b>  <b>Estimated Revenue from Project</b>
			\$
			\$
			\$
			\$
			\$
<b>2.4</b>	Describe <b>any other</b> work or operations (not captured above) that the insured plans to perform in the next 12 months that is related, in any way, to COVID-19.		
<b>2.5</b>	With respect to any work listed or described in Questions 2.2., 2.3 or 2.4, is it the Insured's standard procedure to enter into a written service contract with each customer or client, prior to performing any work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes:		
	a. Does the contract require that the customer or client confirm or warrant that the information they provided to the Insured about the site and COVID-19 exposure is accurate and complete?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Does the contract include a hold-harmless provision, waiver or release (or is this a separate document signed by the customer) that releases the Insured from liability in the event that all pathogens are not eliminated from the designated area to be cleaned and disinfected?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>2.6</b>	Does the Insured adhere to standard protocols for cleaning and disinfection of COVID-19, in accordance with any of the following (indicate YES to all you comply with): <ol style="list-style-type: none"> <li>a. Center for Disease Control (CDC) Guidelines for cleaning and disinfecting various types of facilities as published on <a href="http://www.cdc.gov">www.cdc.gov</a>;</li> <li>b. ANSI/IICRC S540 Standards for Trauma and Crime Scene Cleanup;</li> <li>c. Other pertinent guidelines or requirements published by state and federal authorities regulating such activities. <b>Please list here:</b></li> </ol>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.7</b>	Describe the Insured’s experience and qualifications to perform the work listed in Questions 2.2 and 2.3. Include the number of years of experience the Insured has in each line of work, and list any relevant certifications, training or education of the Insured or its employees.	
<b>2.8</b>	<b>PLEASE PROVIDE A COPY OF YOUR WRITTEN PROCEDURES, GUIDELINES OR PROTOCOLS FOR EMPLOYEES THAT WILL BE PERFORMING ANY OF THE WORK LISTED IN QUESTIONS 2.2 OR 2.3.</b>	

### FRAUD WARNINGS

**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 and subjects that person to criminal and civil penalties.**

#### **APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

#### **APPLICABLE IN CO**

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.

#### **APPLICABLE IN FL AND OK**

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)\*. \*Applies in FL only.

#### **APPLICABLE IN KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### **APPLICABLE IN KY, NY, OH AND PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.

\*Applies in NY only.

#### **APPLICABLE IN ME, TN, VA AND WA**

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 and denial of insurance benefits. \*Applies in ME only.

#### **APPLICABLE IN NJ**

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

#### **APPLICABLE IN OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### **APPLICABLE IN VT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

# QUESTIONNAIRE – ENVIRONMENTAL CONTRACTORS AND COVID-19

## REPRESENTATIONS AND SIGNATURE

By completing and signing this Questionnaire, the undersigned represents, on behalf of the all insureds, the following:

- a. After conducting due diligence, the responses and statements in this Questionnaire are accurate and complete;
- b. Those statements furnished to the Insurer are representations the Insured makes on behalf of all current and prospective insureds;
- c. Those representations are a material inducement to the Insurer to provide a proposal of insurance or increased or enhanced coverage to the Insureds;
- d. If a policy is issued, or if coverage under the Insured's current policy is increased or enhanced, the Insurer will have issued this Policy or provided such increased or enhanced coverage in reliance upon those representations;
- e. If there is any material change in the Insured's condition or in the Insured's activities, services, or answers provided in this Questionnaire that occurs or is discovered between the date this Questionnaire is signed and the Effective Date of any policy or increase/enhanced coverage, if issued, Insured will immediately report such material change to the Insurer in writing; and
- f. The Insurer reserves the right, upon receipt of such notice, to change or rescind any insurance proposal previously offered by the Insurer.

As used above, the term "Insurer" refers to Capitol Specialty Insurance Corporation.

**NOTHING IN THIS QUESTIONNAIRE SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.**

**This Questionnaire must be signed by an authorized partner, officer or other principal of the Insured shown in Question 1.1 of this Questionnaire.**

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Signature of authorized representative of Insured

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Title

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Type / Print name of authorized representative

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Date

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Producer Signature

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Date