

Coronavirus Cleaning & Disinfection Supplemental Application



Please complete the application in its entirety.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required prior to binding coverage.

This application must be signed and dated by an authorized representative of your company.

Please include the following items with this application.

- ☐ Three (3) years of currently valued loss history and details regarding any losses.
- ☐ Copies of certifications and licensing related to coronavirus cleaning and disinfection, including SOQ, list of relevant experience and resumes.
- ☐ Copy of Coronavirus Cleaning and Disinfection Protocols, including Project Documentation example
- ☐ Sample contract used for coronavirus cleaning and disinfection projects.

SECTION I – APPLICANT INFORMATION

Applicant Name:

Street Address:

City:

State:

Zip Code:

Contact Name:

Contact Title:

Telephone:

Website:

Year Established:

Number of Employees:

SECTION II – DESCRIPTION OF WORK

Describe the coronavirus projects you will be performing over the next 12 months:

Total estimated revenue from coronavirus projects for the next 12 months:

Total estimated revenue for all operations for the next 12 months:

Provide an estimated percentage of the types of facilities where you will be performing this work:

Commercial	%	Educational	%	Residential	%	Industrial	%
Governmental	%	Healthcare/Nursing	%	Hotels, Dorms	%	Other:	

Describe your prior experience and projects cleaning and disinfecting biohazard contamination, including viruses. If none, please check ☐
(Include Project Name, Scope of Work and Revenue)

Are any of your employees Certified Industrial Hygienists (CIH)? ☐ Yes ☐ No

SECTION III – PROTOCOLS

Do you have a formal Coronavirus Cleaning and Disinfecting Protocol? ☐ Yes ☐ No If **yes**, please provide a copy of this protocol.

List all licenses, certifications and training courses that are applicable to your coronavirus projects. These may include EPA, OSHA and State courses and certifications.

Will you be performing any disinfectant fogging? ☐ Yes ☐ No

List all cleaning and disinfectants to that will be used during your coronavirus projects. Attach an additional page if necessary.

Do you require a signed, written contract for all of your coronavirus projects? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please provide a copy of the contact.
Does your contract include disclaimer language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please provide a copy of the contact.
Do you have a formal project documentation protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please provide a copy of this protocol.
Are you (or a 3 rd Party) performing any post-disinfection verification testing (such as ATP testing)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please provide details:
Do you provide any post-cleaning client training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please provide a copy of this protocol.
Are you conducting and documenting employee health screenings during your coronavirus projects? <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION IV – SUBCONTRACTORS
What percentage of your coronavirus projects will be subcontracted?
Will the subcontractors use your subcontractor contract for coronavirus projects? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the subcontractor's insurance coverage have any exclusions for virus, bacteria, coronavirus or communicable diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require the subcontractor to have insurance coverage with the same limits of insurance you have? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you named as Additional Insured with Primary/Contributory and Waiver of Subrogation in your favor on their insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you providing on-site oversight of the subcontractors work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the work that will be subcontracted:

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowing presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 DISTRICT OF COLUMBIA APPLICANTS: WARNING - it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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 AND NEW MEXICO APPLICANTS: 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 fines and criminal penalties.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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 MARYLAND APPLICANTS: Any person who knowingly **or** willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: 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 YORK APPLICANTS: 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 OKLAHOMA APPLICANTS: 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 OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

SECTION V – DECLARATIONS AND SIGNATURES

The undersigned, as authorized agent of all insureds, individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by Intact Insurance Group USA LLC ("Intact"). If a policy is issued it will be in reliance by Intact upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with Intact and, along with the Application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

Intact is authorized to make any inquiry in connection with this Application. Acceptance by Intact of this Application or the making of any subsequent inquiry does not bind the insured or Intact to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to Intact under any policy of a claim or potential claim.

If Intact learns of a material change prior to the effective date of the policy, we may modify or withdraw any quotation or agreement to bind insurance. If the information in this Application materially changes prior to the effective date of the policy, the insured will immediately notify Intact.

Completion of this application does not bind coverage. The insured's acceptance of Intact's quotation is required prior to binding coverage.

Date

Signature

Print Name

Title



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