

AIG ENVIRONMENTAL
SUPPLEMENTAL MICROBIAL MATTER QUESTIONNAIRE/WORKSHEET
(For COPS/CP2/CPO/CPL)

Applicant/Named Insured:

Completed by (Name/Title/Tel #):

Date: _____

1. Does the loss experience show any construction projects where water leaks or flooding occurred in the past three years?
 Yes, No If yes, attach details for any claims from microbial matter or other indoor air quality conditions.

2. Other than the above, have there been any microbial matter or other indoor air quality conditions in any buildings where services or construction were performed?
 Yes, No If yes, please describe.

3. Have there been any odor complaints, allergic reactions, or other symptoms possibly associated with building conditions for any project where applicant performed professional services or construction operations?
 Yes, No If yes, please describe.

4. Is there an established protocol for prevention of mold and water intrusion?
 Yes, No If yes, please attach written plan.

5. Is there a written reporting process for water leaks or microbial matter issues at a job site?
 Yes, No If yes, attach copies.

6. Is there an established Standard Operating Procedure (SOP) detailing microbial matter inspections or removal/remediation of any microbial matter contamination?
 Yes, No If yes, please attach written plan.

7. Does the applicant have a procedure to handle mold or mold-related complaints?
 Yes, No If yes, please provide the procedure.

8. Are all building materials inspected upon delivery for pre-existing mold contamination?
 Yes, No

9. Does the applicant perform training for laborers or subcontractors on microbial matter prevention?
 Yes, No If yes, please describe the program.

10. Does the applicant conduct a property survey at the time the owner takes possession?
 Yes, No
 Does this survey include potential mold issues? Yes, No

11. Does the applicant's construction contracts contain any disclaimers or limitation of liability for the existence of mold?
 Yes, No If yes, please describe.

12. Does applicant enter into any other legal agreements whereby it contractually assumes liability for mold not otherwise imposed by law?
 Yes, No

13. Does the applicant contract or conduct remediation for mold?
 Yes, No If yes, please list qualifications.

14. Does the applicant perform building or building system service or inspections?
 Yes, No If yes, what is the percentage of total revenues? What type of projects?

15. Does the applicant perform indoor air quality testing?
 Yes, No If yes, what is the percentage of total revenues? Who performs the testing?

16. Does the applicant subcontract the analysis of mold to an outside laboratory?
 Yes, No If yes, please describe.

17. Does account request certificates of insurance for microbial matter from subcontractors?
 Yes, No If yes, please attach copies.

PLEASE COMPLETE ONLY THOSE QUESTIONS BELOW (18 or 19) THAT APPLY TO THE APPLICANT'S LINE OF BUSINESS:

18. NON-ENVIRONMENTAL CONTRACTORS:

Does the company conduct work related to:

- a. Building/System Service/Inspections
 Yes, No If yes, ___ % of firm's total revenues ___% Subbed out
- b. Carpentry (i.e., new or renovated bldgs.)
 Yes, No If yes, ___% of firm's total revenues ___% Subbed out

- c. Development (i.e., commercial or residential)
 - Yes, No – If yes,
 - Home Building: ___ % of firm’s total revenues ___% Subbed out
 - Condominiums: ___ % of firm’s total revenues ___% Subbed out
 - Mixed Commercial: ___ % of firm’s total revenues ___% Subbed out
- d. Foundation layout
 - Yes, No If yes, ___ % of firm’s total revenues ___% Subbed out
- e. Framing
 - Yes, No If yes, ___ % of firm’s total revenues ___% Subbed out
- f. General Contracting
 - Yes, No If yes, ___ % of firm’s total revenues ___% Subbed out
- g. HVAC installation/maintenance
 - Yes, No If yes, ___ % of firm’s total revenues ___% Subbed out
- h. Insulation
 - Yes, No If yes, ___ % of firm’s total revenues ___% Subbed out
 - If yes, has your company installed/subbed Exterior Insulation Finish Systems (EIFS)?
 - Yes, No?
 - If yes, ___ % of firm’s total revenues EIFS ___ % Subbed out
 - If yes, how many EIFS projects? (Please provide separately a list of projects and brief descriptions)
- i. Mechanical contracting including refrigeration and plumbing
 - Yes, No If yes, ___ % of firm’s total revenues ___% Subbed out
- j. Roofing
 - Yes, No If yes, ___ % of firm’s total revenues ___% Subbed out
- k. Landscaping/Grading
 - Yes, No If yes, ___ % of firm’s total revenues ___% Subbed out
- l. Fire/Flood Restoration
 - Yes, No If yes, ___ % of firm’s total revenues ___% Subbed out

19. ENVIRONMENTAL CONTRACTORS/CONSULTANTS:

Does the company conduct work related to:

- a. Microbial matter/IAQ sampling, inspections, assessments
 - Yes, No If yes, _ % of firm’s total revenues _% Subbed out
- b. Microbial matter consulting services (i.e., initial evaluation by CIH, etc.)
 - Yes, No If yes, _ % of firm’s total revenues _ % Subbed out
- c. Microbial matter laboratory analysis
 - Yes, No If yes, _ % of firm’s total revenues _% Subbed out
- d. Water restoration
 - Yes, No If yes, _ % of firm’s total revenues ___% Subbed out
- e. Microbial matter remediation
 - Yes, No If yes, _ % of firm’s total revenues ___% Subbed out
- f. Microbial matter expert witness support (i.e., CIH, P.E., etc.)
 - Yes, No If yes, ___% of firm’s total revenues ___ % Subbed out
- g. Microbial matter/IAQ claims adjusting
 - Yes, No If yes, _ % of firm’s total revenues ___% Subbed out
- h. Are Certified Industrial Hygienist/Microbiologists/Mycologists on staff?
 - Yes, No If yes, provide description of work experience and credentials.

Date
82836 (8/03)

Signature