

**AIG ENVIRONMENTAL
INDOOR AIR QUALITY (IAQ) AND MOLD QUESTIONNAIRE**

POLLUTION LEGAL LIABILITY APPLICATION ADDENDUM
(forms a part of the Pollution Legal Liability Application)

Named Insured: _____

Insured Property: _____

Completed by (Name/Title): _____

Date: _____

Building Construction and History (Please attach additional sheets as necessary):

1. What is the occupancy of the building(s) to be insured? _____
2. What is the total square footage of the building(s) to be insured? _____
3. When was the building constructed _____, and when were any subsequent improvements or additions completed? _____
4. What is the age of the roof? _____ Is the roof flat? Yes, No
5. How long have building maintenance records been kept? _____
6. Have any construction defects been encountered? Yes, No If yes, what are they and how have they been rectified?
7. Are there any moisture or wet conditions in the basement, foundation or crawl space? Yes, No If yes, what is being done to control such conditions?
8. Is the building located in a 100-year flood plain or an area subject to periodic ponding or flooding? Yes, No If yes, what precautions are in place to mitigate flood damage?
9. Is there a swimming pool, spa or jacuzzi in the building? Yes, No
10. Are vents in bathrooms and dryers vented to the exterior? Yes, No
11. Have any of the buildings or units experienced any flooding, or water leaks? (Including but not limited to leaks from the roof, windows, siding, plumbing or sewer backups) Yes, No If yes, describe what was done in each building or unit to correct the cause of the leak(s) and how cleanup of the resulting damage was performed.
12. Do any of the buildings or units currently contain any visible areas of mold growth? Yes, No If yes, provide the location, the approximate size of the growth in square feet and what is being done to correct and abate the problem.
13. Have any of the buildings or units had any previous mold or bacteria problems? Yes, No If yes, describe the findings and what was done to correct and abate the problem.
14. Have any of the buildings or units been sampled for mold or bacteria? Yes, No If yes, please provide the results.

Building Management

- 15. Are there humidity controls for the buildings or units? Yes, No
- 16. Is the building air-conditioned? Yes, No If yes, are there procedures to control relative humidity in the building when the air conditioning system is shut down? Yes, No If yes, what are they?
- 17. Who is responsible for building maintenance (in-house, subcontracted, tenants)? _____
- 18. Are water management and/or mold prevention plans in place? Yes, No
If yes, provide a copy for review.
- 19. Please provide any building maintenance and HVAC maintenance policies or procedures specific to mold and water issues.
- 20. Are the exterior walls of the building exposed to wetness from man made sources such as fountains or lawn sprinkler systems? Yes, No
- 21. If a complaint is received regarding either water damage or indoor air quality how quickly do you respond?_ What response is taken? What documentation and follow-up is performed?
- 22. If a complaint is received how is the complaint documented? Do you follow-up in writing with the individual who issued the complaint explaining the corrective actions being taken? Yes, No
- 23. In the event of a mold issue, which indoor air quality laws / guidelines does the management plan on following?
- 24. Do tenant leases require prompt landlord notification in the event of water damage and/or mold growth?

Occupant Satisfaction

- 25. Have there been any complaints from tenants, or have any health issues been raised or any claims or legal actions occurred that are or could be related to mold and/or substandard indoor air quality conditions in the building or specific units? Yes, No If yes, please provide details including dates, parties involved, details of physical and/or health conditions and how these specific cases have been handled by management.
- 26. Have any investigations been performed in response to mold or substandard indoor air quality conditions, or complaints, claims or legal actions that are or could be related to mold or substandard indoor air quality conditions in the building or specific units? Yes, No If yes, please provide results of any investigations.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

APPLICANT _____
(signature of owner or officer)

DATE _____

APPLICANT _____
(print name & title)

BROKER _____
(print name of firm)

DATE _____

(address of brokerage firm)

(contact person & telephone #)