

# Zurich Environmental

## Mold Application for Affirmative Coverage via Fungus Endorsement Real Estate Environmental Liability (REEL) Policy

1. **Named Insured:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_

2. **Building Locations:**  
Please provide the street address for each location. Attach a separate property schedule, if needed.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

3. Do any buildings have basements or other subterranean features? Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have any buildings experienced leaks or flooding from roofing, basement, plumbing, sewer, window or other problems within the past year? Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is any property located within a 100-year floodplain? Yes  No

If yes, please list those properties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do any buildings currently have visible mold growth? Yes  No

If yes, please list those properties and describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has indoor air quality or mold testing been conducted at any location? Yes  No

If yes, please list those properties and attach copies of the reports:

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8. Has any mold abatement or remediation been conducted at any location? Yes  No

If yes, please list those properties and attach copies of the abatement reports:

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9. Have any building occupants or guests made or threatened complaints, demands or claims regarding health problems potentially related to mold or building conditions? Yes  No

If yes, please describe:

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10. Do the properties have a written heating, ventilation and air conditioning (HVAC) management policies and procedures manual? Yes  No

If yes, please attach a copy of the manual.

11. Do the properties have a written mold management plan? Yes  No

If yes, please attach a copy of the plan.

I affirm that the information entered above is true to the best of my knowledge:

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Authorized Signature

Date