



## QUESTIONNAIRE COVID-19 ABATEMENT AND CLEANING

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):	
<b>1.3</b>	Years in business:	

### II. OPERATIONS/WORK PROPOSED OR PERFORMED

<b>2.1</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"/>
	b. Cleaning or disinfection of any site where there has been a suspected or confirmed exposure to a case of COVID-19.	<input type="checkbox"/>	Yes <input type="checkbox"/>
	c. Cleaning or disinfection of any medical, healthcare, or assisted living facility.	<input type="checkbox"/>	Yes <input type="checkbox"/>
<b>2.2</b>	In the next 12 months, what revenues are expected for the following categories?		
	<b>Total Revenue for all Operations</b>		\$
	a. Revenue from cleaning or disinfection of any site, <b>prior to</b> any suspected or confirmed case of COVID-19 at such site.		\$
	b. Revenue from cleaning or disinfection of any site where there has been a suspected or confirmed exposure to a case of COVID-19.		\$
	c. Revenue from cleaning or disinfection of any medical, healthcare, or assisted living facility.		\$
<b>2.3</b>	Please provide a breakout of revenues associated with cleaning or disinfection for the below industries:		
	Schools      %	Healthcare      %	
	Offices      %	Assisted Living/Elderly Care      %	
	Residential      %	Government      %	
	Other      %	Describe: _____	
<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.		
<b>2.5</b>	With respect to any work listed/described in Question 2.2 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"/>
	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"/>
	c. Does the contract limit liability to the extent of the dollar amount of the contract?	<input type="checkbox"/>	Yes <input type="checkbox"/>

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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 which or 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>	Have you or any of your employees successfully completed any of the below training? (Check all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Environmental Cleaning Technician – ECT <input type="checkbox"/> Environmental Cleaning Supervisor – ECS <input type="checkbox"/> Hazwoper <input type="checkbox"/> Other _____	
<b>2.9</b>	Do you have any experience in dealing with other biological contaminants including viruses? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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.**

### III. CLAIMS INFORMATION

<b>3.1</b>	a. Have any claims been made within the last five years against the applicant or been reported under their GL policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is the applicant aware of any incident or circumstances which may result in a claim being made against them or any other person or entity for whom coverage is being sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is the applicant aware of any incident or circumstances which may result in a Pollution claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 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 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.

# QUESTIONNAIRE – COVID-19 ABATEMENT AND CLEANING

## 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.

## 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.**

\_\_\_\_\_  
Signature of authorized representative of Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type / Print name of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date