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Supplementary Questionnaire for Mould

Environmental Cleanup and Liability Insurance for Premises

- Note:**
- 1. One questionnaire must be completed for each Covered Location requiring coverage for mould.**
 - 2. All questions must be completed in their entirety.**
 - 3. This questionnaire is attached to and forms part of the application for Environmental Cleanup and Liability Insurance for Premises.**

1. Name of Applicant: _____

2. Covered Location address and postal code: _____

3. Type of occupancy: _____

4. Square footage of building (if multiple buildings, please list square footage of each): _____

5. Year building was built: _____

Since the original construction date, has the roof been reconstructed? YES NO

If yes, age of roof: _____

6. Does the building have a full-time maintenance staff? YES NO

7. Does the building have any construction defects (including, but not limited to, HVAC system problems, leaks in the roof, windows or siding, broken plumbing or sewer backups)? YES NO

If yes, please explain: _____

8. Is there any physical evidence of moisture or damage from moisture in the basement or crawl space? YES NO

If yes, please explain: _____

9. Is the property located in the 100-year flood plain or an area subject to periodic ponding or flooding? YES NO

If yes, please explain: _____

10. Is there a history of water leaks, floods, sewer backups or sump pump failures in any of the buildings at this Covered Location? YES NO

If yes, please explain: _____

11. Are there any visible areas of mould growth? YES NO

If yes, what is the square footage involved and please explain: _____

12. Have there been any past mould or bacteria problems? YES NO

If yes, please explain: _____

13. Is there a mould management plan in place? YES NO

If yes, please provide a copy of the plan.

14. Have there been any odour complaints, allergic reactions or other health problems at this Covered Location? YES NO

If yes, please explain what investigations have been completed for complaints or symptoms:

15. At the time of completing this questionnaire, does the Applicant know of any facts or circumstances which may reasonably be expected to result in notices, complaints or claim(s) being asserted against the Applicant's company arising from indoor air quality/mould at the Covered Location? YES NO

If yes, please explain: _____

Completed by (please print): _____

Title/Length of time in this position: _____

Signature: _____ Date: _____