

Supplementary questionnaire



Mould

1. Name of applicant: _____

2. Please list all water damage or water-related losses in the past five years? NONE ☐

3. Is the applicant aware of any mould or adverse indoor air quality conditions on any past projects? YES ☐ NO ☐
If yes, please provide details:

4. Is there an established protocol for prevention of mould and water intrusion? YES ☐ NO ☐
5. Is there a written reporting process for water leaks or mould issues? YES ☐ NO ☐
6. Does the applicant have a procedure to handle mould or mould-related complaints? YES ☐ NO ☐
7. Does the applicant contract or conduct remediation for mould? YES ☐ NO ☐
If yes, please confirm:
(a) Does the applicant obtain confirmation that employees and subcontractors have Mould Awareness Certification? YES ☐ NO ☐
(b) Does the applicant request certificates of insurance for mould from subcontractors? YES ☐ NO ☐
8. Does the applicant contract or conduct fire and flood restoration? YES ☐ NO ☐
If yes, please advise the breakdown of the following operations:
(a) Water restoration/drying of building components and contents:
_____ % of firm's total revenues, _____ % subbed out
(b) Mould remediation/abatement:
_____ % of firm's total revenues, _____ % subbed out

Applicant's consent to the transmission of the information contained in the application form

I hereby acknowledge that the information collected in the application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

I acknowledge that specific details of Victor's Privacy Notice can be found at www.victorinsurance.ca.

Signature

Completed by (please print)

Title/Length of time in this position

Signature

Date (dd/mm/yyyy)

Mould
Jan. 27/17

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