



## American Safety Insurance IAQ/MOLD Questionnaire

*This form becomes part of policy*

Insured Name: \_\_\_\_\_

Property Location: \_\_\_\_\_

\_\_\_\_\_

***This form must be completed for each building or complex***

1. What is the primary use of the building? \_\_\_\_\_
2. What is the total square footage of the buildings? \_\_\_\_\_
3. What is the age of the building? \_\_\_\_\_
  - a. Is the roof flat or pitched? \_\_\_\_\_
  - b. Age of roof? \_\_\_\_\_
  - c. What is the date of last roof inspection? \_\_\_/\_\_\_/\_\_\_
4. Have any water leaks or water loss incidents occurred within the past year?
  - a. Windows Leaked?     \_\_\_Yes \_\_\_No
  - b. Plumbing Leaks?     \_\_\_Yes \_\_\_No
  - c. Roof Leaks?         \_\_\_Yes \_\_\_No
  - d. Flooding?            \_\_\_Yes \_\_\_No
  - e. Basement Flooding?  \_\_\_Yes \_\_\_No
  - f. Sewage Backups?     \_\_\_Yes \_\_\_No

***On separate sheet of paper please explain all yes answers including date(s) and what was done to rectify the water loss and prevent it from occurring again.***

5. Is the building in a 100-year flood plain or subject to surrounding areas of periodic pooling or flooding?  
\_\_\_Yes \_\_\_No
6. Are all bathrooms, shower rooms and dryers vented to the outside?  
\_\_\_Yes \_\_\_No
7. Is the building(s) subject to outside water exposure caused by watering systems and or fountains?\_\_\_Yes \_\_\_No
8. Are any of the building(s) exterior walls Exterior Insulation Finishing Systems (EIFS)?\_\_\_Yes \_\_\_No If yes, please list last inspection date\_\_\_/\_\_\_/\_\_\_

9. Does the building or has the building ever contained visible mold growth?\_\_  
 Yes \_\_\_No If yes, please explain what is being /was done to correct the  
 issue. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Has an Indoor Air Quality (IAQ) or Mold assessment been performed in the  
 past year?\_\_\_Yes \_\_\_No If yes, please attach findings report(s)
11. Does the building(s) have a full time maintenance staff?  
 \_\_\_Yes \_\_\_No Please list supervisor's names?  
 \_\_\_\_\_
12. Do you have a water incident response/mold prevention plan in place?  
 \_\_\_Yes \_\_\_No If yes, please attach a copy
13. Do your tenant leases or agreements require landlord notification of all water  
 losses?\_\_\_Yes \_\_\_No If yes, please attach copy
14. At the time of this questionnaire, are you aware of any incident, fact or  
 circumstances that may lead to a claim arising or claims being made against  
 your company for the scheduled property(ies) on this application?  
 \_\_\_Yes \_\_\_No

Completed by: Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_ / \_\_ / \_\_\_\_

Signature \_\_\_\_\_

***This above applicant attests that the following statements are true.  
 This form becomes part of policy***

***Legends***  
**ENVIRONMENTAL INSURANCE SERVICES, LLC.**

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