



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.
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Legends
 ENVIRONMENTAL INSURANCE SERVICES

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