



## XL INSURANCE COMPANY LIMITED

XL Insurance Company Limited  
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### FACILITIES POLLUTION MOLD SUPPLEMENTAL APPLICATION

(This supplemental application is part of an overall application for coverage)

(Please complete for each location for which coverage is desired, a spreadsheet  
can be provided for multiple locations upon request)

(Please attach 5 year loss history for General Liability and Property Coverage)

1. **APPLICANT NAME:** \_\_\_\_\_
2. Location Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Province, Postal Code: \_\_\_\_\_
3. Type of Occupancy: \_\_\_\_\_
4. Building Sq. Footage: \_\_\_\_\_
5. Year Built/Renovated: \_\_\_\_\_ Age of Roof: \_\_\_\_\_
6. Any Construction Defects:  Yes  No  
If yes, please explain:
7. Any moisture in basement/crawl space:  Yes  No  
If yes, please explain:
8. Located in 100 year flood plain:  Yes  No
9. Any past water leaks or floods:  Yes  No  
If yes, please explain:

10. Any visible areas of mold growth:  Yes  No  
 Square Footage Involved:  
 If yes, please explain:
11. Any past mold/bacteria problems:  Yes  No  
 If yes, please explain:
12. Are mold management plans in place:  Yes  No  
 If yes, please explain:
13. Any humidity controls in place:  Yes  No
14. Is the HVAC system ever shut off for more than 24 hours:  Yes  No  
 If yes, please explain:
15. Any odor complaints/allergic reactions/other symptoms:  Yes  No  
 If yes, please explain:
16. Any investigations performed for complaints/symptoms:  Yes  No  
 If yes, please explain:
17. Have any other health problems relating to the location been raised:  Yes  No  
 If yes, please explain:

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_