XL INSURANCE COMPANY LIMITED
SUPPLEMENTAL MOLD APPLICATION
MULTIPLE LOCATIONS
Spreadsheet Corresponds to the Application 'Questionnaire

Name of Property (2)	Address (2)	Province(2)	St (2)	Postal Code (2)	Type (3)	SF (4)	Year Built/ Renovated (5)	Age of Roof (5)	Any Construction Defects (6)	Any Moisture in basement/ crawl space (7)	100 Year flood plain (8)	Water Leaks/Floods (9)	Visible areas of Mold Growth (10)	Past Mold/Bacteria Problems (11)	Mold Management plans in place (12)	Humidity Controls (13)	HVAC off for more then 24 hours (14)	Odor complaints (15)	Investigations for complaints/ symptoms (16)	Health Problems (17)