

Mold, Other Fungi or Bacteria Liability Supplement



This is Claims Made and Reported Coverage.

Named Insured	
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1. Limits and Deductibles

Limit of Coverage Provided	\$,	Deductible	\$,	Retroactive Date	
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2. History

a. Do you have procedures for handling tenant complaints involving mold? If yes, briefly describe
b. Describe any evidence of mold in any of your buildings
c. List buildings located in areas subject to flooding, water seepage or sewer backup
d. Describe any buildings with condensation or leaking pipes in all areas, including basements
e. Describe any water damage you have had in the last 5 years
f. List any buildings requiring the use of dehumidifiers

3. Claim Information

List any claims involving mold or water that you did not report in the Commercial Insurance Application.

Date of Loss	Description	Amount Paid	Amount Reserved

4. Maintenance and Preventive Programs

a. Describe Maintenance Policy in place to identify and correct any areas collecting or absorbing moisture
b. Describe your preventive maintenance policy to encourage your residents to report possible water damage or unexplained moisture

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