

**ServPro Franchise Insurance Program  
Supplemental Application**

The following is to be fully completed to be eligible for the Grange ServPro Insurance Program.

NAME:	DATE:	
STREET ADDRESS:		
CITY:	ST:	ZIP
Years in Business:	# Employees:	

**Note:** Explain any answers where indicated

1) Franchisee performs mold remediation? Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES" answer the following questions:

a) NYC Health Department Guidelines are followed, at a minimum:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain if "No": \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) # of employees performing mold remediation work: \_\_\_\_\_

c) # employees trained in mold remediation: \_\_\_\_\_ How trained?: \_\_\_\_\_  
\_\_\_\_\_

d) Who supervises a mold remediation job? \_\_\_\_\_

Qualifications of supervisor: \_\_\_\_\_

e) A qualified independent testing firm is required to test when there is evidence of mold?

Yes: \_\_\_\_\_ No (explain): \_\_\_\_\_

Who arranges for the testing firm? \_\_\_\_\_

f) What are your procedures when mold is detected?

Do you continue work prior to test?: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain if "Yes":

Does the testing firm provide you with remediation procedures for mold?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "No" what procedures do you follow?: \_\_\_\_\_  
\_\_\_\_\_

g) Is a clearance test performed by the independent testing firm following mold remediation procedures: Yes: \_\_\_\_\_ No: \_\_\_\_\_



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Do you carry separate insurance for customer goods? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes" who is the insurer and limit? \_\_\_\_\_

6) Are employees allowed to take any owned vehicles home? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes", explain:

7) Explain your driver safety policies and procedures: