



Direct Claims Management Group

Applicant and Program Requirements

Insurance Restoration Program

Application Fee:	\$599.00 online app submission
Minimum years in business:	2 years under current ownership
Sales Fee:	5.5% per job sold (Residential) 7.5% per job sold (Commercial)
Late Fee:	Late payments subject to \$50 per month late fee

Application Fee/Qualification Process: The application fee covers the cost in processing the application and is non-refundable once processing has started. Once qualified, you will be presented to our clients as needs are identified. Your participation in any client program is determined by collaboration between Direct Claims Management Group and the client based on needs. Your application to the network and/or payment of this processing fee does not constitute a guarantee of selection by one of our clients. *Insurance and software requirements do not have to be met until selected for a program by a client* (Please see Requirements Once Selected for a Program page). All fees are subject to change at any time.

Requirements Once Selected for a Program

Insurance Requirements

The following requirements apply once a client has selected you for a program. It is not necessary to meet these requirements until you are notified of a selection for a specific program.

Limits of liability shall be written on an occurrence basis. Insurance companies must have an A.M. Best Rating of B+ or higher and a Finance Size Category (FSC) of VII or better for the CARRIER program. Service Provider is responsible for providing a 30-day cancellation notice to Direct Claims Management Group. Payment for all insurance policies is the sole responsibility of each Service Provider Participant. Service Provider must provide a current Certificate of Insurance to Direct Claims Management Group that meets requirements prior to Service Provider receiving assignments. Minimum limits are listed below.

General Liability: \$2,000,000 Each Occurrence to include

- Premises and Operations Liability
- Product and Completed Operation Liability
- Property Damage/Damage to Property Liability
- Contractors Liability
- Personal Injury Liability

Automobile Liability: \$1,000,000 Combined Single Limit

All Owned Autos, Non Owned Autos, Hired Autos-or-Any Autos

Proof of Worker's Compensation: Required regardless of individual State laws

Contractors Pollution Liability or Excess Umbrella: \$2,000,000 Each Occurrence

CPL can be written on occurrence or claims made basis (As referenced in matrix on next page)

Bailment Coverage: \$250,000

(As referenced in matrix on next page) In order to confirm the policies provide the required program coverage, specific language must be reflected on the insurance certificate. The insurance certificate must always accurately represent the underlying policy. If the current policy does not meet the below language, please secure the appropriate policy before submitting your certificate of insurance.

The information below, including specific wording, must be reflected on your insurance certificate. If your state prohibits modifications to insurance certificates, then this information must be provided as an attachment on an Acord 101 form or similar document.

Additional Insured: Direct Claims Management Group, is named as an additional insured for the above listed coverage and policies, as they apply to work performed for Direct Claims Management Group (excluding Worker's Compensation, Automobile Liability, and Bailment Coverage).

**Please note that some insurer clients require that they be specifically named as additional insured*
(ACE/Chubb, Farmers Insurance Group, USAA)*

Policy Coverage for General Liability and Contractors Pollution Liability: The General Liability and Contractors Liability policies ongoing and completed operations coverage for the insured and the

additional insured's. Note: For the General Liability Policy, endorsements CG20 37 and CG20 10 will be accepted in lieu of including the ongoing and completed operations wording on the insurance certificate.

The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability.

Certificate Holder:
Direct Claims Management Group, LLC
P.O. Box 149653
Orlando, FL 32814-9653

In addition to the above listed requirements, please see below:

Type of Contractor	Additional Insurance Requirements based on trade(s) selection (Insurance requirements may change if contractor is selected for additional trades)
General Contractor Only (or any trade other than water mitigation)	Sample #1 <ul style="list-style-type: none"> Excess Liability: \$2,000,000 Each Occurrence
Water Mitigation Only	Sample #2 <ul style="list-style-type: none"> Contractors Pollution Liability: \$2,000,000 Each Occurrence The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the statement can be provided as an attachment on an Acord 101 form or similar document: "Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants"
Full Service (General Contractor or any other trade in combination with water mitigation)	Sample #3a <ul style="list-style-type: none"> Contractors Pollution Liability: \$2,000, 000 Each Occurrence The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the statement can be provided as an attachment on an Acord 101 form or similar document: "Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus bacteria, asbestos, lead and silica are included within definition of Pollutants, Subcontracted work is not excluded" Sample #3b <ul style="list-style-type: none"> Contractors Pollution Liability: \$2,000,000 Each Occurrence Excess Liability: \$1,000,000 Each Occurrence The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the statement can be provided as an attachment on an Acord 101 form or similar document: "Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead, lead and silica are included within the definition of Pollutants"
Cleaners, Textile Restoration, Furniture Restoration, and Fire & Smoke	Sample #4 <ul style="list-style-type: none"> Bailment Coverage: \$250,000

Note: Direct Claims Management Group Program Requirements *DOES NOT* allow any Service Provider to subcontract water mitigation services under any circumstances.

Certifications, Licenses and W-9

Provide the most recent Certifications, Licenses and W-9

Facility Photos

Please include digital photos of the following:

- Front of building space including signage
- Office space
- Company vehicles signage
- Storage/pack out areas
- Available equipment (it is not necessary to take a picture of each individual piece. Please take one to two photos of your equipment available to you on site)

You may combine your photos to include more than one of the items listed above in one photo. For example: the front of your building and vehicles in the same picture. Please send color copies of your photos (printed digital photos), or if you do not own a digital camera, you may submit 35 mm developed film. Please do not submit more than 6 photos with the application.

Note: Digital camera will be required once selected for a program.

Facility Requirements

Absent special circumstances, contractors are expected to maintain a professional business location with identifying signage in an area zoned for commercial or industrial activities (nonresidential). Further, it is expected that vehicles will have identifying signage and employees will wear uniforms. If it is not the case with your company, then your company may not pre-qualify for the network depending upon circumstances. This information is not intended to discourage your application, but rather to make sure you are fully aware of items evaluated.

Software/Hardware

Xactimate estimating software may be leased directly from Xactware. Please contact their Sales Department for more information on their product at 800-424-9228.

- Digital Camera
- Internet Access

Background Investigation

It is a network requirement that active contractors perform a background investigation of all its principals, owners, and employees that will be present at any time, in policyholders'/customers' homes prior to any services being performed. Each Contractor will need to certify that it has completed a background investigation on each Contractor Employee before activation for any program and on an annual basis thereafter. The contractor is free to use any vendor of their choosing to perform these background checks. It will not be necessary for you, the Contractor, to submit the results of background investigations except upon formal request by Direct Claims Management Group, as we will have you sign and submit an affidavit attesting that the background investigations have been completed.

Subrogation Training

It is a network requirement that active contractors complete and provide proof of Subrogation Awareness training no later than 60 days after being selected to a program. Subrogation is a very important aspect of handling insurance claims, and the insurance carrier clients would like to see additional training in this area. In addition, subrogation training certification will be valuable marketing tool for contractors and estimators. Direct Contents Management Group and the insurance carrier clients are not expecting you to replace the adjuster in handling subrogation matters

Once our contractors are selected for a program, you will need to meet all program requirements (listing of program requirements enclosed in this package). If you do not have the necessary insurance coverage or currently utilize Xactimate, we are not asking you to take steps to meet our requirements until you have been selected by a client. We just want you to be aware of the requirements for the future. Prior to activation on a program (All) contractors will also be required to sign a service level agreement.

Contact and Billing Information

Contractor/Company Name			
Doing Business As			
Company Owner (Primary) Name		Contact Name	
Office Number		Cell Phone Number	
Fax Number		Website Address	
Federal Tax ID Number		Email Address	
Physical Address		Mailing Address (If Different than Physical Address)	
City		City	
State	Zip Code	State	Zip Code
Billing Company		Billing Contact Name	
Billing Address			
City		State	Zip Code
Phone Number		Fax	

Ownership Structure

_____ Corporation

- ☐ Sole Proprietor
☐ Partnership
☐ Limited Liability Company
☐ Publicly Traded
☐ Division, Subsidiary, or Affiliate, of a Publicly Traded Company
☐ Other

For Publicly Traded Companies:

Stock Symbol:	Listing Exchange:
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Principal/Owners' Information:

Principal Name	Date of Birth	Social Security Number	Percentage of Ownership	Active Yes/No	Driver's License Number

****Total percentage of ownership must equal 100%***

****Personal Address for all principals may be needed for credit reporting purposes.***

Storage Facility Information:

Facility Name	Street Address, City, State and Zip Code	Warehouse sq ft	Own	Rent

Company Equipment:

Type of Equipment	Own	Lease
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Flatbed Trucks		
Vans		
Pick Up Trucks		
Other		
Ozone room		
Generator		

Additional information about your company:

Year	% of Jobs in Residential	% of Jobs in Commercial	Largest Single Job	Average Job Amount
2013				
2014				
2015				

Uniforms

- | | Yes | No |
|--|-----------------------|-----------------------|
| • Do your Employees wear uniforms? | <input type="radio"/> | <input type="radio"/> |
| • Do your employees carry proper company identification? | <input type="radio"/> | <input type="radio"/> |
| • Are your company vehicles marked? | <input type="radio"/> | <input type="radio"/> |
| • Does your company meet the state's statutory requirements for Worker's Compensation Insurance? | <input type="radio"/> | <input type="radio"/> |

Legal Issues

Has your business been involved in litigation in the last four (4) years? If so, please explain, including dates, opposing parties, state, and county.

Has your business ever filed for bankruptcy? If so, what is the current status?

Has your business ever had a license suspended or revoked? If so, list the license (s).

Has any principal been in any litigation in the past four (4) years? If so, please explain, including dates, principal, opposing parties, state, and county.

Has any principal ever filed for bankruptcy? If so, please explain, including principal and current status.

Has any principal ever had a professional license suspended or revoked? If so, please explain, including principal and license (s).

Has any principal ever used an alias? If so, please explain, including principal and alias.

Trades

Contents:

	Yes	No
Pack Out	<input type="radio"/>	<input type="radio"/>
Pack In	<input type="radio"/>	<input type="radio"/>
Storage	<input type="radio"/>	<input type="radio"/>
Fabric Cleaning	<input type="radio"/>	<input type="radio"/>
Non Fabric Cleaning	<input type="radio"/>	<input type="radio"/>
Electronic Cleaning	<input type="radio"/>	<input type="radio"/>
Document Restoration	<input type="radio"/>	<input type="radio"/>
Content Cleaning	<input type="radio"/>	<input type="radio"/>
General Cleaning	<input type="radio"/>	<input type="radio"/>
Salvage Assistance	<input type="radio"/>	<input type="radio"/>
Decontamination	<input type="radio"/>	<input type="radio"/>
Inventory	<input type="radio"/>	<input type="radio"/>

Non Salvageable/Replacement Value
Restoration/Repairs
Fire and Smoke

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Restoration:

Water Mitigation ☐Commercial
Remodeling
General Contracting ☐Commercial

☐Residential

☐Residential

%Subbed Out_____

%Subbed Out_____

Emergency Fire and Smoke:

Ozone
Temporary Utility Services
Temporary Fencing
%Subbed Out_____

Yes	No
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Large Loss:

Water ☐Commercial
Restoration ☐Commercial

☐Residential
☐Residential

Specialty Trades:

Art Restoration
Document Restoration
Cabinetry
Furniture Restoration
Asbestos Abatement
Earthquake Retrofit

Yes	No
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>



Agreement Page

Please read, sign and date that you understand the following statements. All Owners must sign individually. Please mail original signed document.

Acknowledgement Statement

We, the undersigned, hereby grant Direct Claims Management Group, permission to make any and all desired inquiries, order credit reports and order narrative reports on our company and each of the undersigned.

We, the undersigned, hereby grant Direct Claims Management Group, permission and approval to assess the information submitted and provides an overall recommendation based on the information. The application is confidential and not binding in any way upon with Direct Claims Management Group or the undersigned applicant.

We, the undersigned, acknowledge and attest that the information provided in this application is true, to the best of our knowledge.

We, the undersigned, acknowledge that any current or past criminal charges against the principals have been disclosed to Direct Claims Management Group.

We, the undersigned, hereby agree that the application itself is copyrighted and confidential to Direct Claims Management Group and will be protected as such. In addition, Direct Claims Management Group agrees that the applicant's information is confidential to the application and will be protected by Direct Claims Management Group reserves the right to freely disseminate the applicant's information to Clients of Direct Claims Management Group without notification to applicant.

Legal Issues

I/We certify under penalty of perjury, that the legal issues provided in this application are complete, true, and correct.

Qualification Statement

If employees, subcontractors or tradespeople are hired to work on any Direct Claims Management Group assigned job, it is the responsibility of the Direct Claims Management Group contractor to determine they are fully Licensed/Certified and qualified to perform the work that is being assigned to them. If any wrongdoing, mishandling, and/or negligence is caused by the employee, subcontractor, or tradespeople; it is the Direct Claims Management Group contractor who is solely responsible and must correct the action/problem as soon as it is recognized.

Application Fee

We acknowledge a thorough review of all application documentation submitted will occur, and that the application fee is non-refundable.

Signature: _____

Print Name: _____

Date signed: _____

All Owners Must Sign Individually in Ink

Credit Card Information:

Company Name	
Name As It Appears On Credit Card	
Billing Address, City, State and Zip Code	
Type of Credit Card	
VISA	MasterCard
Discover	American Express
Credit Card Number	Expiration Date
Security Code	Application Fee
Total Amount	Today's Date
Signature As It Appears On Credit Card	

Please be sure to mail the original document:

DCMG
P.O. Box 149653
Orlando, FL 32814-9653