



CONTRACTOR NETWORK  
**Application & Program Fundamentals**

## INTRODUCTION

DCMG is extremely thorough in the credentialing process of our network members to ensure that our client base of insurance carriers, property owners, and real estate professionals receive top-tier services 100% of the time. They trust DCMG to coordinate emergency response for catastrophes such as flash flooding, tornadoes, hurricanes, fires and more.

### **Our network members are truly our partners...**



### **We grow and profit concurrently**

We've set the bar high, accepting only expert contracting and restoration firms because DCMG understands there is no network without members. We profile and present vetted contractors to DCMG clients as needs are identified. Members selected for program participation benefit from increased workflow through qualified leads. Our success is in direct proportion to the success of our network members.

## QUALIFICATIONS

Minimum requirements for participation in DCMG's insurance program include:



- 2 or more years under current ownership
- Proven Financial Stability
- Current State & Trade Licenses/Certifications
- Vetted and Background Cleared Employees
- Business Facilities and Equipment Standards
- Compliance with Program Software Needs
- Subrogation Training
- Valid Insurance Coverages
- Must provide 3 year workmanship warranty

## EXPLANATION OF FEES

**Application Processing:** A one-time processing fee of \$599.00 is required to submit each application. Payment is the cost of application processing only and does not constitute network membership nor guarantee program acceptance. As application processing begins at the time of submission, this fee is nonrefundable.

**Assignment Management:** DCMG's operations team works closely with network members through the entirety of every project to ensure client satisfaction and program compliance. A network sales fee of 5.5% on each residential and 7.5% is assessed on each commercial assignment/job sold.



**Recertification:** Members are assessed an annual recertification fee based upon revenue generated by DCMG client program assignments of the year prior. (See Table 1 for fee calculation.) Assignment handling analyzation and contractor credentials are audited, and member profiles are updated accordingly.

Table 1

<b>\$0</b>	Fee waived for members with revenue (Jobs Sold) from program assignments totaling less than \$100,000 in the previous 12 months is considered a developmental contractor.
<b>\$450</b>	Contractors with revenue (Jobs Sold) from program assignments totaling \$100,000 or greater, but less than \$500,000 in the previous 12 months
<b>\$950</b>	Contractors with revenue (Jobs Sold) from program assignments totaling \$500,000 or greater, but less than \$1 million in the previous 12 months.
<b>\$1,250</b>	Contractors with revenue (Jobs Sold) from program assignments totaling \$1 million or greater, but less than \$2 million, in the previous 12 months.
<b>\$1,750</b>	Contractors with revenue (Jobs Sold) from program assignments totaling \$2 million or greater, but less than \$3 million, in the previous 12 months.
<b>\$2,000</b>	Contractors with revenue (Jobs Sold) from program assignments totaling \$3 million or greater, but less than \$4 million, in the previous 12 months.
<b>\$2,500</b>	Contractors with revenue (Jobs Sold) from program assignments totaling \$4 million or greater in the previous 12 months.

All fees are subject to change at any time without prior notice.

Applications must be submitted from our website and be accompanied by financial statements. Processing takes 30-45 days, and approval does not imply client selection. All program participation is determined by collaboration between Direct Claims Management Group, LLC and its client.



**Financial Reports:** Applicants must submit year-end financial balance sheets reflective of 2 full consecutive calendar years, and at least 24 consecutive months of business operation.

## REQUIREMENTS

*Applicable when selected by a DCMG client for program participation.* Network member profiles complete with verified credentialing, and expressed compliance of claims handling procedure, are required for insurance program participation.

**Credentials:** Proof of organizational, corporate, and trade certification and licensing as required by all respective governing agencies. Required documents may include, but are not limited to

- Occupational Licenses
- Trade Certifications
- Corporate Registration
- Others as applicable

**Representation:** As affiliates of DCMG and its clientele, program participants are expected to demonstrate professionalism in all aspects of claims handling. Members must maintain a business location with identifying signage in an area zoned for commercial or industrial activities (nonresidential). Equipment should be inventoried, labeled, and fully functional. All vehicles must have identifiable permanent markings or temporary signage. Employees must wear uniforms with ID badges or name tags. These qualifications must be catalogued in network member profiles with photo evidence as follows:



- Front exterior view of building space including signage
- Office interior with personal workspace
- Company vehicles
- Available equipment in designated storage areas
- Content storage/pack out areas

Multiple items may be pictured together. (Ex.: Company vehicles parked at office front.)

**Screening:** Network member profiles are required to include background investigations on company principals and owners, and affidavits attesting to background screenings of all employees, who may at any time be onsite or need to enter a policyholders'/customers' property, signed by corporate officer. It is not necessary to provide the detailed investigation report unless formally request by Direct Claims Management Group.

**Technologies:** Insurance program assignments require comprehensive reports for which members will need internet access, digital cameras, an Xactware ID, and in some cases Symbility. For software leasing and purchasing options, please contact directly.  
*Xactware 800.424.9228 / Symbility 866.796.2454*



**Subrogation Training:** Subrogation is a very important aspect of handling insurance claims, and awareness helps properly identify claims with subrogation potential that can positively enhance the bottom line of every organization. No later than 60 days after being selected for participation in an insurance program, Subrogation Awareness Training must be successfully complete by all employees, and certifications provided to DCMG.



**Our mission is to mitigate risk, expedite service, and ensure quality...**



**Insurance:** 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. Direct Claims Management Group requires a 30-day cancellation notice. Payment for all insurance policies is the sole responsibility of each network member.

General Liability: \$1,000,000 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 on All Owned Autos, Non-Owned Autos, Hired Autos-or-Any Autos

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

Contractors Pollution Liability or Excess Umbrella: \$1,000,000 Each Occurrence  
CPL can be written on occurrence or claims made basis (see Table 2)

Bailment Coverage: \$250,000 (see Table 2) 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, LLC 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). *Some insurer clients require that they be specifically named as additional insured (i.e.: ACE/Chubb, Farmers Insurance Group, USAA).*

Policy Coverage for General Liability and Contractors Pollution Liability: 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.

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.

Table 2

<b>Type of Contractor</b>	<b>Additional Insurance Requirements based on trade(s) selection</b> (Insurance requirements may change if contractor is selected for additional trades)
<b>General Contractor</b> (or any trade other than water mitigation)	<b>Sample #1</b> Excess Liability: \$1,000,000 Each Occurrence
<b>Water Mitigation Only</b>	<b>Sample #2</b> Contractors Pollution Liability: \$1,000,000 Each Occurrence <ul style="list-style-type: none"> <li>• 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”</li> </ul>
<b>Full Service</b> (General Contractor or any other trade in combination with water mitigation)	<b>Sample #3a</b> Contractors Pollution Liability: \$1,000, 000 Each Occurrence <ul style="list-style-type: none"> <li>• 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”</li> </ul> <b>Sample #3b</b> Contractors Pollution Liability: \$1,000,000 Each Occurrence Excess Liability: \$1,000,000 Each Occurrence <ul style="list-style-type: none"> <li>• 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”</li> </ul>
<b>Cleaners, Textile Restoration, Furniture Restoration, and Fire &amp; Smoke</b>	<b>Sample #4</b> 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.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

1/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Your Insurance Agency Address City, State Zip	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Your Company Address City, State Zip	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GL ABC123456	7/21/2017	7/21/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> <u>Contractual Liability</u>	<input checked="" type="checkbox"/>					MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> FROM <input type="checkbox"/> JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<b>AUTOMOBILE LIABILITY</b>			AUTO12345	7/21/2017	7/21/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							PIP-Basic \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			ABC12345	7/21/2017	7/21/2018	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>				AGGREGATE \$ 2,000,000
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			001WC98765	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Bailees			ZYX4321	7/21/2017	7/21/2018	\$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Water Dry-out, Mold Removal, Fire Clean-up, Carpet and Tile Cleaning and Restoration Repairs. License Holder: Your Company Name - Direct Claims Management Group, LLC, is included as additional insured for ongoing and completed operations, on a primary and non-contributory basis, with regard to general liability per forms CG 2010 07/04 & CG 2037 07/04 (blanket endorsements), as it applies to work performed for Direct Claims Management Group llc. Umbrella policy follows form over the general liability, auto and work comp policies.

**CERTIFICATE HOLDER**

Direct Claims Management Group, LLC  
 PO Box 149653  
 Orlando, FL 32814

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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