



ENVIRONMENTAL CONTROL INDUSTRIES, INC.

Asbestos, Lead & Hazardous Material Removal
Mold & Mildew Remediation
Lic. # CJC056693 & ZA0000271

Fax Transmittal

TO: Melinda Ballard

Date: 6/4/04

Company: Policy-Holders of America

Fax Number: 1-888-648-8823

Total pages, including cover: 5

Regarding:

POA Form

Sample Certificate of Insurance

Thank You & Have a Blessed Day!

From: Jenn Gessler

If all pages are not received, please call our office immediately.

POA

Policyholders of America

888-648-8823

IAQ PROFESSIONAL ETHICS PLEDGE

POA is proud to refer its members to Indoor Air Quality professionals (testers, consultants, remediators, and contractors) who pledge to follow ethical guidelines as set forth by POA.

The following is the pledge we ask each and every contractor to sign and send back to us if they want to be placed on our referral list. An additional page to fill out also is attached.

THE PLEDGE TO UPHOLD PROFESSIONAL AND ETHICAL CONDUCT:

As a professional, I pledge to **remain independent and not take an *advocacy role* for any party involved** in a job referred to me by POA.

As a professional, I pledge to **not minimize or overstate the level of contamination** and what is needed to correct it, for any job referred to me by POA.

As a professional, I pledge to **look *for* contamination**, not look for ways of not finding it on any POA-referred job.

As a professional, I pledge to disclose in writing, to a POA-referred homeowner, if any **restrictions have been placed on me by an insurer or other party involved and describe in writing any such restrictions.** (This includes but is not limited to the number of samples taken, areas evaluated for testing and/or remediation, requests involving policy provisions or coverage limits, requests to alter reports).

As a professional, I pledge to **provide the policyholder with a true and correct copy of the report** done on their home by me or my company and do so in a timely manner, if the POA-homeowner requests it.

As a professional, I pledge to **provide a true and correct scope of work to be performed and costs thereof**, regardless of policy limits or other restrictions, if any, for any job referred to me by POA.

As a professional, on POA-referred jobs, I pledge to **adhere to the most stringent published guidelines for assessment and remediation of mycotoxin-producing molds.** (It is understood that these guidelines, which may become mandates and at that time the mandates need only be followed, will change from time to time and it is critical that the companies we refer business to keep up with and practice the highest standards.)

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As a professional, I pledge to **stay within the areas of my expertise and training** and not venture out of that area(s) on jobs referred to me or my company by POA.

As a professional, I pledge to **utilize, if and when applicable, the services of an accredited laboratory or laboratory operating under a public university** for sample analysis for all POA referred jobs. .

As a professional, I pledge to **personally attend or send representatives of my company to attend, at a minimum, one professional conference per year** so that I am kept abreast of the latest science, products, and methods used that will impact my business.

It is understood that **POA receives no compensation for its referrals.**

It is understood that POA does not accept any memberships from anyone other than homeowners and their legal representatives and **I am hereby representing that I am not a member of POA.**

It is also understood that if more than two POA members have issued formal complaints to POA about my services and POA has reason to believe those complaints are legitimate, I (or my company) may be taken off of the POA referral list until further notice. POA will extend me (or my company) the opportunity to appeal the decision to halt referrals.

POA referrals are provided within a geographic area and the geographic region in which you operate must be provided.

The undersigned is duly authorized to enter into this pledge on behalf of the company named below:

Environmental Control Ind.
Company

Robert Lozano / Vice-President
Name/Title

6-2-04
Date


Signature

Other: Please provide a brief description of services performed, geographic territory covered, email and/or telephone number for POA members to call, charge for estimates (if applicable), and any other details you feel is important. A sheet is attached.

Fax the filled out form and other information to: 888-648-8823. Thank you.

Melinda Ballard, Policyholders of America

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REFERRAL QUESTIONNAIRE: This must accompany pledge so that we can better serve requests for information

NAME OF COMPANY: Environmental Control Industries

GEOGRAPHIC AREA/STATES COVERED: South Florida

AREA OF EXPERTISE:

REMEDIATOR

IAQA INVESTIGATOR: (check one or more)

- investigator/tester
- consultant
- field technician

CONTRACTOR (check one)

- General Contractor (Build-back)
- HVAC
- Plumbing

PRIMARY CONTACT: Robert Lozano

SECONDARY CONTACT: John Lozano

PHONE NUMBER: (954) 967-6880

WEBSITE: WWW.ECIFlorida.com

EMAIL ADDRESS OF CONTACTS: ECIFlorida@aol.com

COMPANY ADDRESS: 2431 SW 56th Terrace

Hollywood, FL 33023

NOTE: (If applicable): ECI is IAQA Corporate Member (ID#1548)

Robert Lozano is

Licensed Asbestos Contractor (CJC 056693)

Certified Mold Remediator (CMR01716)

Certified Indoor Environmentalist

ECI has \$2,000,000 insurance coverage for Asbestos/Lead Abatement, Mold & Mildew Remediation

ACORD® CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
4/22/2004

PRODUCER

*United Nations Insurance Agency, Inc.
1900 Corporate Blvd. #400-E
Boca Raton, FL 33431*

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	<i>American International Specialty</i>
COMPANY B	<i>Commerce & Industry Insurance Co.</i>
COMPANY C	<i>Evanston Insurance Company</i>
COMPANY D	

INSURED

*Environmental Control Industries, Inc.
2431 SW 56th Terrace
Hollywood, FL 33023*

COVERAGES

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.

CG LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONT PROT Contractors Pollution Professional Liability	(A) PROP 3775142 <i>Asbestos / Lead Abatement, Mold and Mildew Remediation</i>	3/7/2004	3/7/2005	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 25,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURENCE \$ AGGREGATE \$
	WORKERS COMP. AND EMPLOYEERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS' ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	(B) WC 00768062300	3/7/2004	3/7/2005	STATUTORY LIMITS EACH ACCIDENT \$ 500,000 DISEASE - POLICY LIMIT \$ 500,000 DISEASE - EACH EMPLOYEE \$ 500,000
	OTHER Equipment	(C) IM090100006	4/14/2004	4/14/2005	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Scheduled Contractors Equipment: Value \$55,230

CERTIFICATE HOLDER

FOR INFORMATION ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Karen LoCont-Diaz