

Library of Health, LLC
6716 Joy Rd.
East Syracuse, NY 13057
Phone # 315-569-4340 (cell)

Fax

To: Melinda Ballard From: Kyle Blumin, COO
Fax: 888-648-8823 FAX # 315-329-0124
Phone: Date: 4/10/03
Subject: POA Contractor Pledge Pages 4 including cover

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:**

Dear Melinda,

I'm not sure if you remember talking to me back in December of 2002. I had a conversation with you as to how we could become a "recommended contractor". Our site is up now (www.1healthyworld.com) and we are ready to go.

Please visit our Environmental Health Solution subsection at:

<http://1healthyworld.com/solutions/EnvironmentalProgram.cfm>

I would like to use Pi5 URL as the link on your site.

I honestly believe that we could bring tremendous value and help to your members as they try and weave through the complex web of the insurance industry as well as Environmental illness issues that they may be facing as well.

I look forward to hearing from you.

Sincerely,

Kyle Blumin, COO

P.s: Please have a look at our advisory board to get a feel for the experts that we are associated with: <http://1healthyworld.com/advisoryBoard/>

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 subs) 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.

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.)

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 that will impact my business.

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

It is understood that POA does not accept my 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:

Library of Health, LLC
Company D/B/A thehealthyworld.com

4/10/03
Date

Kyle Blumin, COO
Name/Title

Signature 

Other:

1. Please provide a brief description of services performed:

ECONOMICAL TESTING, REMEDIATIONS, MEDICAL CONSULTATION
ENVIRONMENTAL ILLNESS TELESEMINARS, BOOKS +
INFORMATION.

2. Territory Covered:

Please include us in the "NATIONWIDE"
section.

3. Telephone Number for POA Members To Call:

315-569-4340

4. Email Address:

Kyle@Ihealthyworld.com

5. Website (if applicable):

www.IHEALTHYWORLD.COM

6. Charge for Estimates (if applicable):

FREE

7. Any Other Details:

MeInd,

To get a better idea as to what
we do, please visit:

www.Ihealthyworld.com/solutions/ENVIRONMENTALProgram.cfm

I look forward to hearing from you.

Sincerely,

Kyle Blum

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

Melinda Ballard, Policyholders of America

PS. OUR Lab
services are
provided by:

www.galsonlabs.com