

Are you a Mortgage Broker? Then please use THIS [Application](#).

MORTGAGE FIELD SERVICES FORECLOSURE/EVICTION/CLEANUP APPLICATION

Date: _____

Name of Applicant/Primary Owner(s): _____

Company Name: _____

Is Applicant: Individual ___ Partner ___ Corporation ___ LLC ___ Other: describe _____

Street Address: _____ City _____ State _____ Zipcode _____

Physical/Premises Address of Office: _____

Phone number: _____ Fax Number: _____

Email address: _____ Cell Number: _____

State/Area of Operations: _____ Web site Address: _____

If you work in more than one state, what state is your business domiciled? _____ Date/Year Firm Established: _____

Provide details of all your operations: _____

I need: () E&O insurance () General Liability Insurance

Are you licensed/have other business ventures for which coverage is not requested? Yes No

If Yes, please list/explain: _____

Do you have insurance coverage for these other activities? Yes No

If Yes, please check which apply: E&O GL

If No, please explain: _____

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO OBTAIN A QUOTE

1. Applicant Operations:

Number of Owner/Partners: _____ If more than one owner, how many owners work in the field? _____

Number of Trade Employees (Do Not Include Owners or Sub Contractors, W2 Employees Only): _____

Annual Payroll (W2 Employees Only, Not Owners or Sub Contractors): \$ _____

Operation is: (% of each)

Residential _____% Commercial _____% Industrial _____%

Other: Describe _____%

2. Who hires your services: (% of each)

Banks or other Financial Institutions _____% Realty Company or Broker _____% General Contractor _____%

Current Owner of property _____% New Owner of property _____%

Other: Describe _____%

3. Receipts/Sales (Revenues)*:

Next 12 Months Projected: _____ Previous Year: _____ Two Years Ago: _____

* If you are a startup company, please project the estimated annual amount.

**** For question 4, you must answer a, b, c, d, and e. If you answer "Yes" to a, b or d, please answer 1-2.**

4. Subcontracted Work Cost:

- a. Do you use subcontractors? Yes No
 - 1. Total percent of work done by subcontractors: _____%
 - 2. Amount of money paid to subcontractors: \$_____
- b. If no, do you plan to use subcontractors in the next 12 months? Yes No
 - 1. Estimate the amount of money you will pay to these subcontractors: \$_____
 - 2. Estimate the total percent of work to be performed by subcontractors: _____%
- c. Do you require all subcontractors to carry their own Errors and Omissions insurance? Yes No
- d. Do you require all subcontractors to carry their own General Liability insurance? Yes No
 - 1. Total cost (payroll and materials) paid to uninsured subs: \$_____
 - 2. Total cost (payroll and materials) paid to insured subs: \$_____
- e. Does the applicant desire to provide coverage for independent contractors? Yes No

5. Describe equipment used in operations: _____

6. List three current projects: (If less than three, include most recent completed projects)

Customer Name and Project Description	Receipts	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

7. List largest jobs in the last three years:

Customer Name and Project Description	Receipts	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

8. Are you a licensed General Contractor? Yes No

If yes, what is your license #: _____

Are you currently acting as a GC or plan to in the next months? Yes No

Last GC job performed _____ date / year

9. Have you ever acted in the capacity of a General Contractor / Construction-Project Manager-Consultant/ Structural/Mechanical Property Inspector? Yes No

If yes, please provide details and whether or not you are still performing these services:

10. Are you licensed in any other profession? Yes No If Yes, what profession: _____

If Yes, do you have Errors and Omissions and/or General Liability Insurance covering that profession? Yes No

If Yes, please check which apply: E&O GL

11. The following table must be completed to obtain a quote. If you are a new company, please estimate.

Please indicate percentage of total operations performed by you or subcontractors for the following (percentages combined must total 100%). Please provide a short description of services on a separate sheet for those services with an *.

* Asbestos removal	%	Landscape maintenance (grass, bushes)	%
Carpentry – interior	%	Masonry	%
Debris/Junk/Trash removal	%	* Meth lab cleanup	%
Demolition interior - non-structural	%	* Mold or spore treatment or remediation	%
* Demolition exterior or interior structural	%	* New construction site cleanup/make ready	%
Door or window installation	%	* New residential home construction	%
Drywall	%	Painting - interior	%
Electrical	%	Painting - exterior	%
Excavating or grading of land	%	Plastering or stucco	%
Fence erection or repair	%	Plumbing	%
* Fire and water restoration	%	* Roofing	%
* Fire suppression systems	%	* Room additions	%
Flooring - installation or refinishing	%	Snow/Ice removal	%
* Hazardous waste removal	%	Tile, stone, marble, or terrazzo work	%
Heating/Air conditioning	%	Tree trimming (larger than ground height)	%
Install new cabinets or countertops	%	Winterizations	%
Janitorial - general cleaning	%	Window cleaning	%
Landscaping	%	Changing Locks	%
Boarding Up Windows	%	Mortgage Field Inspections	%
Remodeling	%	Other: _____	%

IMPORTANT NOTE: Please provide a short description of services on a separate sheet for those services with an *.

12. Do you preserve fire, earthquake, water, or mold damaged properties? Yes No

If yes, provide details: _____

13. Please answer “YES” or “NO” to all questions. All questions must be answered to receive a quote. Are you or your firm currently involved, or in the next 12 months plan to be involved, in any of the following:

Storm Proofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate Appraisal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Repossession	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Brokering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eviction Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Key for Money Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling Removing Hazardous Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Construction Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Draft Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No
Merchant Draft Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home Inspection (for buyer/seller)	<input type="checkbox"/> Yes <input type="checkbox"/> No

You must provide a short description for any “yes” answers: _____

14. Liability Controls:

- a. Do you use a written contract with customers? Yes No
If no, explain when not required: _____
- b. Do you use a written contract with subcontractors? Yes No
If no, explain when not required: _____
- c. Do your contracts contain a hold harmless agreement in your favor? Yes No
- d. Do you obtain certificates of insurance from all subcontractors? Yes No
If yes, minimum limits required: _____

- e. Are you added as an additional insured on the subcontractors' liability policies?..... Yes No
- f. Do you have Workers' Compensation coverage in force? Yes No
- g. Have you been involved in any claims involving construction defects? Yes No

15. Miscellaneous Liability:

- a. Have all tenants or occupants been evicted prior to your work activities? Yes No
If no, describe procedure/process followed by you prior to beginning work:

- b. Do you own or have title to any projects undergoing renovation? Yes No

16. Is similar Professional Liability (Errors & Omissions) currently in force? Yes No

- a. If yes, please provide Carrier's name, current limits, expiration date: _____
- b. If yes, please provide a copy of declarations page

17. Is similar General Liability currently in force? Yes No

- a. If yes, please provide Carrier's name, current limits, and expiration date: _____
- b. If yes, please provide copy of declarations page

18. LOSS HISTORY:

Has the Applicant had any General Liability claims paid, reserved or pending in the last 5 years?? Yes No
 Has the Applicant had any Errors & Omissions claims paid, reserved or pending in the last 5 years?? Yes No

- a. Date of Occurrence: _____
- b. Date of Claim: _____
- c. Amount Paid: _____
- d. Claim Status: OPEN CLOSED
- e. Type/Description of occurrence or claim: _____
- f. What remedial action has been taken to prevent similar claims? _____

Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activity or have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? Yes No

*If Yes, please describe: _____

19. Do you retain any items of value for resale? Yes No

If yes, annual receipts from sale of these items: _____

20. Do any of your clients require their name listed as an additional insured? Yes No
If yes, please list the name, address & business relationship of any requested Additional Insured:

21. Are you currently working with MCS, or plan to in the next 12 months ? Yes No

22. Are you currently working with Safeguard, or plan to in the next 12 months ? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.