

## 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
<b>You must provide a short description for any “yes” answers:</b> _____			
_____			
_____			
_____			

**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:

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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.