



MORTGAGE FIELD SERVICES/PROPERTY PRESERVATION APPLICATION

1.800.441.4535

T.509.838.0655

F.509.838.1710

Business Name: _____

Contact Name: _____

Applicant Name (owner/officer/partner): _____

Email Address: _____

Mailing Address: _____

Physical Address: _____

Business Phone: _____ Cell Phone: _____ Website: _____

Proposed Effective Date: _____ Date Business Started: _____

Professional Associations or Organization Member of: _____

(Our insurance is only offered to members of an approved association)

OPERATIONS

1. Please provide gross receipts of the Applicant's work from the following areas for the latest 12 months to date. If applicant is newly established, please advise best estimates for the next 12 months:

a. Level 1: Mortgage Field Inspection Services* Current Year: \$ _____ Previous Year: \$ _____

b. Level 2: Property Preservation Services** Current Year: \$ _____ Previous Year: \$ _____

c. Other (please provide details): _____

*Mortgage Field Inspectors inspect distressed properties by performing a visual "checklist". No ongoing management, maintenance or preservation services are performed.

**Property Preservation Services – field inspection, maintenance/repair work, winterization, boarding windows, changing locks, lawn care, trash outs on bank owned properties.

2. What percentage of the Applicant's receipts are derived from:

Commercial Properties: _____ % Residential Properties: _____ %

3. Are you or your firm currently involved in, or in the next 12 months, plan to be involved in any of the following:

- | | | | |
|--|--|-------------------------|--|
| Auto Repossession | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mold Remediation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Construction Services, other than preservation | <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 | Real Estate Appraisal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Handling/Removing Hazardous Waste | <input type="checkbox"/> Yes <input type="checkbox"/> No | Storm Proofing Services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Key for Money Services | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please provide details for any "Yes" answers: _____

4. Does the Applicant preserve properties valued in excess of \$1,000,000? Yes No

5. Please provide a percentage breakdown of the Applicant's gross receipts from the following:

Vendors with Bank Contracts _____ %
Lending Institutions/Management Companies _____ %
Real Estate Agencies/Appraisers _____ %
Apartment/Rental Home Maintenance _____ %
Other (please provide details) _____ %

6. Is the Applicant licensed to perform as a real estate broker, appraiser, certified home inspector (for structural) in the next 12 months? Yes No

7. Does the Applicant preserve fire-damaged, earthquake-damaged, water-damaged or mold-damaged properties? Yes No If yes, what percentage of business is derived from this? _____ %

8. Does the Applicant retain any items of value for resale or sell any products? Yes No
If yes, what are the annual receipts from the sale of these items? \$ _____

9. Have you ever operated under another business name? Yes No
If yes, provide the prior name and reason for name change: _____

STATE/AREA OF OPERATIONS

9. Are you a licensed contractor? Yes No If yes, provide: License # _____ State _____

10. What state(s) do you perform work in? _____

11. Please list your experience: _____

12. Describe your ongoing education and training: _____

SUBCONTRACTORS

13. Are Subcontractors used? Yes No If yes, please complete the following:

14. Insured Subcontractor Costs: \$ _____ Uninsured Subcontractor Costs: \$ _____

15. Do you verify your subcontractors have General Liability insurance? Yes No
Do all subcontractors carry limits equal to yours? Yes No
Are you named as an additional insured? Yes No
Do you require subcontractor agreements? Yes No
Are field audits performed? Yes No
Are quality control audits performed? Yes No

EMPLOYEES

16. Is field testing required for new employees/subcontractors? Yes No
17. Is workman's compensation coverage provided to your employees? Yes No
18. Is property preservation testing required? Yes No
19. Is quality control audit performed? Yes No

20. Is the owner on site when work is completed?
 21. Are company standards in place?

Yes No
 Yes No

ADDITIONAL INSURED, LANDLORDS, OR EQUIPMENT LESSORS

Name/Address: _____
 Name/Address: _____
 Name/Address: _____
 Name/Address: _____
 Name/Address: _____
 Name/Address: _____
 Name/Address: _____
 Name/Address: _____

If more additional interests are required, please add on a separate sheet.

PRIOR INSURANCE

22. Has any insurance carrier cancelled or declined to renew your insurance in the past three years? Yes No

If yes, why?: _____

23. Please detail any claims or potential claims within the past three years: Check if no claims

Prior Insurance Company	Policy Dates	Premium	Claims-Made	Claims?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If no prior insurance, please explain: _____

OPTIONAL COVERAGES

Check to select coverage.

- Hired and Non-Owned Auto: \$1,000,000 Limit (Employees must carry \$100,000 limits and/or contract required)
- Employers Liability – Stop Gap: \$1,000,000 Limit (Available only in ND, OH, WA and WY)
- Employee Benefits: \$1,000,000 Limit

ADDITIONAL LIMITS

PRIOR ACTS Accepted Rejected

Must be accepted or rejected by checking the appropriate box above. This will become a part of your policy.

If you wish to obtain this optional coverage, the following applies: (1) Provide a copy of your prior declaration page; (2) Provide a three year loss report; (3) Must be less than 30 days lapse in coverage; (4) 12-24 months "nose" or gap coverage available.

INCREASED LIMITS

\$2,000,000 \$3,000,000 Other, please list: _____

NOTICES

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 subject such person to criminal and civil penalties. **(Not applicable to Nebraska, Oregon or Vermont.)**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 of the third degree.

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

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: A 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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, VIRGINIA 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: _____

INSPECTION/AUDIT CONTACT NAME AND PHONE NUMBER: _____

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.