

# Specified Professions Professional Liability Product

## SUPPLEMENT TO THE SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION FOR PROPERTY PRESERVATION SERVICES/MORTGAGE FIELD INSPECTORS

1. Name of Applicant: \_\_\_\_\_
2. Please provide a percentage breakdown of the Applicant's Gross Receipts 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. Mortgage Field Inspection Services\* \_\_\_\_\_ %
  - b. Property Preservation Services\*\* \_\_\_\_\_ %
  - 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 typically includes minor maintenance/repair work, winterization, boarding windows, changing locks, lawn care, removing and securing the contents of a vacant property.

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
Construction services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eviction services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handling/removing hazardous waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Key for money services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mold Remediation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mortgage brokering	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate appraisal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Storm proofing services	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide details for any "Yes" answers: \_\_\_\_\_
4. Does the Applicant preserve properties in excess of \$1,000,000?  Yes  No
5. What percentage of the Applicant's receipts is derived from:

Commercial Properties	_____ %
Residential Properties	_____ %
6. Please provide percentage breakdown of Applicant's gross receipts from the following:
  - a. Lending Institutions/Banks \_\_\_\_\_ %
  - b. Real Estate Agencies/Appraisers \_\_\_\_\_ %
  - c. Private Homeowners \_\_\_\_\_ %
  - d. Other (please provide details) \_\_\_\_\_ %
7. Does the Applicant perform any ongoing property maintenance services or do they anticipate performing any ongoing property maintenance services in the next twelve (12) months?  Yes  No
8. Do all independent contractors who work for the Applicant carry General Liability?  Yes  No
9. Does the Applicant preserve fire-damaged, earthquake-damaged, water-damaged or mold-damaged properties?  Yes  No

This application is a supplement to the Specified Professions Professional Liability Application submitted by the applicant. All representations, fraud statements, acknowledgments, understandings and agreements set forth in the Specified Professions Professional Liability Application are incorporated by reference as though fully set forth herein.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Principal, Partner or Officer)

This document does not amend, extend or alter the coverage afforded by the Policy. For a complete understanding of any insurance you purchase, you must first read your Policy, Declaration Page and any Endorsements and discuss them with your Broker. A specimen policy is available from an Agent of the Company. Your actual Policy Conditions may be amended by Endorsement or affected by State Laws.



8. Is Applicant engaged in any business/profession other than as stated in question 6.? Yes [ ] No [ ]  
**If Yes, please provide details by separate attachment.**

9. Does Applicant contemplate any change in services or emphasis planned for the next 12 months?  
Yes [ ] No [ ] **If Yes, please provide details by separate attachment.**

10. Please explain what type of claim or allegations could the Applicant be involved in?

\_\_\_\_\_

\_\_\_\_\_

**11. PROFESSIONAL LIABILITY COVERAGE FOR LAST 5 YEARS ( if NONE check here [ ] )**

CARRIER	LIMIT (per claim/agg)	DEDUCTIBLE	PREMIUM	EXPIRATION (mm/dd/yy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. What is the **retroactive date** of expiring Professional Liability policy? \_\_\_\_\_ (mm/dd/yy).

13. Has any insurer cancelled/refused to renew any similar coverage during the last 5 years? Yes [ ] No [ ]  
**If Yes, please provide details on separate attachment .**

14. Has any professional liability claim or suit been made against Applicant, any predecessor in business or against any past or present partner/officer(s)? Yes [ ] No [ ] **If Yes, please provide on separate attachment these details – allegations, amount of damages/demand, date of loss/date claim made/reserve amounts for indemnity and expenses as well as paid amounts for indemnity and expenses.**

15. Is the Applicant aware of any circumstance or incident which may result in any claim against them or any predecessor in business or any past or present partner/officer? Yes [ ] No [ ]  
**If Yes, please provide details on separate attachment.**

The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell no the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.

The Applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (Officer/Principal/Partner)