

SUPPLEMENTAL APPLICATION – PROPERTY PRESERVATION AND MORTGAGE FIELD SERVICES

1. Name of applicant or insured: _____

2. Applicant operations:

Number of owners/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): \$ _____

3. Does the applicant have formal training procedures for employees that perform inspections and/or interviews? Yes No

a. Please explain the training process for employees. If the applicant does not train their employees, please explain why. _____

b. Please explain the applicant’s quality control process for their employee’s work. If the applicant does not quality control their employee’s work, please explain why. _____

4. The applicant’s operation is:

Residential	%
Commercial	%
Industrial	%
Other (please describe): _____ _____	%

5. Who hires the applicant’s services:

Banks or other financial institutions	%
Realty company or broker	%
General contractor	%
Current owner of property	%
New owner of property	%
Other (please describe) _____ _____	%

6. Receipts/sales (revenues)*:

Next 12 months projected: \$ _____

Previous year: \$ _____

Two years ago: \$ _____

**If the applicant is a startup company, please project the estimated annual amount.*

7. Does the applicant use subcontractors/independent contractors? Yes No

If “Yes,” please complete the following:

a. How many subcontractors are used? _____

b. What percent of services are performed by them? _____%

c. Amount of money paid to subcontractors: \$ _____

7. (Cont) Does the applicant use subcontractors/independent contractors?

d. Does the applicant require subcontractors to carry errors and omissions (E&O) and general liability (GL) insurance? Yes No

If neither, or GL only, please explain: _____

e. Does the applicant use a written agreement with subcontractors? Yes No

If "Yes," please attach a sample contract.

If no, please explain: _____

f. Does the applicant complete background checks on their subcontractors? Yes No

g. Please explain the training process for subcontractors. If the applicant does not train their subcontractors, please explain why.

h. Please explain the quality control process for the applicant's subcontractors' work. If the applicant does not perform quality control tests on their subcontractors' work, please explain why.

8. Is the applicant a National Association of Mortgage Field Services (NAMFS) member? Yes No

9. Describe equipment used in operations: _____

10. List three current projects: (If less than three, include most recently completed projects)

CUSTOMER NAME AND PROJECT DESCRIPTION	RECEIPTS	DUR ATION OF PROJECT
	\$	
	\$	
	\$	

11. List largest jobs in the last three years:

CUSTOMER NAME AND PROJECT DESCRIPTION	RECEIPTS	DURATION OF PROJECT
	\$	
	\$	
	\$	

12. Is the applicant a licensed general contractor? Yes No

If "Yes," what is the license number: _____

Is the applicant currently acting as a general contractor or plan to in the next months? Yes No

Last general contractor job performed: _____

Date: _____

Year: _____

13. Has the applicant ever acted in the capacity of a general contractor/construction project manager consultant/structural or mechanical property inspector? Yes No

If "Yes," please provide details and whether or not the applicant is still performing these services:

14. Is the applicant licensed in any other profession? Yes No

If "Yes," what profession: _____

If "Yes," does the applicant have errors and omissions and/or general liability insurance covering that profession? Yes No

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

15. The following table must be completed to obtain a quote. If the applicant is a new company, please estimate. Please indicate percentage of total operations performed by the applicant or subcontractors for the following: (must total 100%).

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

SERVICE	%	SERVICE	%
*Asbestos removal	%	Landscape maintenance (grass, bushes)	%
Carpentry— interior	%	Masonry	%
Debris/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 operations (describe) :	%

		Total	

16. Does the applicant preserve fire, earthquake, water or mold damaged properties? Yes No

If "Yes," providedetails: _____

17. The following table must be completed to obtain a quote. Is the applicant or the applicant's 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
Provide a short description for any "Yes" answers: _____ _____ _____			

18. Liability controls:

a. Does the applicant use a written contract with customers? Yes No

If "No," explain when not required: _____

b. Does the applicant use a written contract with subcontractors? Yes No

If "No," explain when not required: _____

(i) Does the applicant's contract contain a hold harmless agreement in their favor? Yes No

(ii) Does the applicant obtain certificates of insurance from all subcontractors? Yes No

If "Yes," minimum limits required: _____

c. Is the applicant added as an additional insured on the subcontractors' liability policies? Yes No

d. Does the applicant have workers' compensation coverage in force? Yes No

e. Has the applicant been involved in any claims involving construction defects? Yes No

19. Miscellaneous liability

a. Have all tenants or occupants been evicted prior to the applicant's work activities? Yes No

If "No," describe procedure/process followed prior to beginning work: _____

b. Does the applicant own or have title to any projects undergoing renovation? Yes No

20. Is similar professional liability (errors and 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.

21. Is similar general liability 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.
22. Does the applicant retain any items of value for resale? Yes No
If "Yes," annual receipts from sale of these items: \$ _____
23. Do any of the applicant's clients require their name listed as an additional insured? Yes No
If "Yes," please list the name, address and business relationship of any requested additional insured:

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24. Is the applicant currently working with Mortgage Contracting Services (MCS), or plan to in the next 12 months? Yes No
25. Is the applicant currently working with Safeguard, or plan to in the next 12 months? Yes No

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____