



**Errors And Omissions Liability/
General Liability
Property Preservation Contractors
Supplemental Application
(Complete in addition to ACORD)**

NOTICE: General Liability Coverage is an OCCURRENCE FORM. Errors and Omissions Coverage is a CLAIMS-MADE AND REPORTED COVERAGE FORM. The E&O Coverage Form is limited to liability for only those claims that are first made against you and reported to us during the policy period.

INDICATE COVERAGE(S) BEING REQUESTED:

General Liability **Errors & Omissions Liability** **Both General Liability and Errors & Omissions Liability**

1. Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website Address: _____

2. Date Established: _____

How long have you been engaged in your current occupation or business? _____ Years

3. Is the firm owned by, associated with or controlled by any other business, or are you engaged in any other profession or business? Yes No

If yes, give details: _____

4. Describe in detail the nature of the professional or business activities for which insurance is desired:

5. Gross Sales for prior year: \$ _____ Gross Sales anticipated for next year: \$ _____

6. Do you retain any items of value for resale or any salvage? Yes No

If yes, describe: _____

7. Number of owners, partners and officers: _____

8. Number of employees and their classifications or trades (other than owners, partners & clerical):

	Classification or Trade	# of Employees	Payroll
a.	_____	_____	\$ _____
b.	_____	_____	\$ _____
c.	_____	_____	\$ _____
		Total Payroll:	\$ _____

9. Describe the typical project in which your company is involved: _____

10. Are you currently working or would you consider working in the state of New York? Yes No

11. Do you use subcontractors? Yes No **(If yes, complete questions 11 through 15.)**

12. Annual subcontracted cost (labor and materials): \$ _____

13. Do you normally employ the same subcontractors? Yes No

Number of subcontractors: _____ What percent of your total sales are subcontracted? _____%

14. Explain what types of services are subcontracted: _____

15. Do all subcontractors provide Certificates of Insurance? Yes No
- a. Limits required of your subcontractors: \$ _____ Occurrence \$ _____ Aggregate _____
- b. Are you an Additional Insured on all subcontractors' policies? Yes No
- c. Do all subcontractors "hold you harmless"? Yes No
- d. Do you keep copies of all certificates? Yes No If yes, how long are they kept? _____
- e. Explain any "No" responses: _____

16. Show percent of work performed in: **(Must equal 100%)**
 Commercial _____% Industrial _____% Institutional _____% Residential _____% =100%

17. Are any of the following services performed or offered?

	Yes	No		Yes	No
Asbestos removal/remediation	<input type="checkbox"/>	<input type="checkbox"/>	Meth lab remediation	<input type="checkbox"/>	<input type="checkbox"/>
Auto repossession	<input type="checkbox"/>	<input type="checkbox"/>	Mold removal/remediation	<input type="checkbox"/>	<input type="checkbox"/>
Broker price opinions	<input type="checkbox"/>	<input type="checkbox"/>	Oil spill clean up	<input type="checkbox"/>	<input type="checkbox"/>
Burglar alarm installation/repair	<input type="checkbox"/>	<input type="checkbox"/>	Radon removal/remediation	<input type="checkbox"/>	<input type="checkbox"/>
Crime scene clean up	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>
Debris/Junk/Trash removal	<input type="checkbox"/>	<input type="checkbox"/>	Re-roofing	<input type="checkbox"/>	<input type="checkbox"/>
Evictions/Lock Out	<input type="checkbox"/>	<input type="checkbox"/>	Snow/Ice removal	<input type="checkbox"/>	<input type="checkbox"/>
Exterior work over 3 stories	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>
Fire and/or water restoration	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>
Fire suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	Other: (describe)		
Lead removal/remediation	<input type="checkbox"/>	<input type="checkbox"/>			

18. Describe equipment used in your operations: _____

19. Who hires your services (% of each):
- | | | | |
|---------------------------------------|---------|---------------------------|---------|
| Banks or other Financial Institutions | _____ % | Habitational Associations | _____ % |
| Current Owner of property | _____ % | New Owner of property | _____ % |
| General Contractor | _____ % | Realty Company or Broker | _____ % |
| Other: (specify below): | _____ % | | |

20. Will you ever work as a Construction/Project Manager or Construction Consultant? Yes No
 If yes, provide details: _____

21. Will you ever work as a Property Inspector, Property Appraiser, or Property Assessor? Yes No
 If yes, provide details: _____

22. Have all tenants or occupants been evicted prior to your work activities? Yes No

23. Provide details of General Liability insurance in force:

Company	Limit	Deductible	Policy Term

24. Provide details of Errors and Omissions insurance carried during the last three (3) years:

Company	Limit	Deductible	Premium	Policy Term

Is your expiring Policy/Coverage Form a **CLAIMS-MADE AND REPORTED COVERAGE FORM**? Yes No

If yes, give Retroactive Date: _____

25. Has any application for Errors and Omissions or similar insurance made on your behalf, your firm or present partners, owners, officers or employees ever been cancelled or refused renewal? Yes No

If yes, give details below or attach an information sheet: _____

26. Have any claims, suits or proceedings been made during the past five (5) years against you, your firm, your predecessors in business or against any present partners, owners, officers or employees? Yes No

If yes, give details below or attach an information sheet: _____

27. Are you aware of any alleged act, circumstance, situation or error or omission which may result in a "claim" being made against you or any of the persons or firm described on this application? Yes No

If yes, give details below or attach an information sheet: _____

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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

YOU HEREBY DECLARE that the above statements and particulars are true and that you have not suppressed or misstated any material facts and you agree that this application will be the sole basis of any subsequent contract or insurance with us. Signature of the application does not bind you or us to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

_____	_____	_____
Date	Signature of Applicant	Title

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE COVERAGE FORM. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.