



**INSURANCE TEK, INC.**

*InsuranceTek Inc. is a specialized insurance broker offering comprehensive insurance products in all States. With access to the top insurance programs, we ensure **your business is protected.***

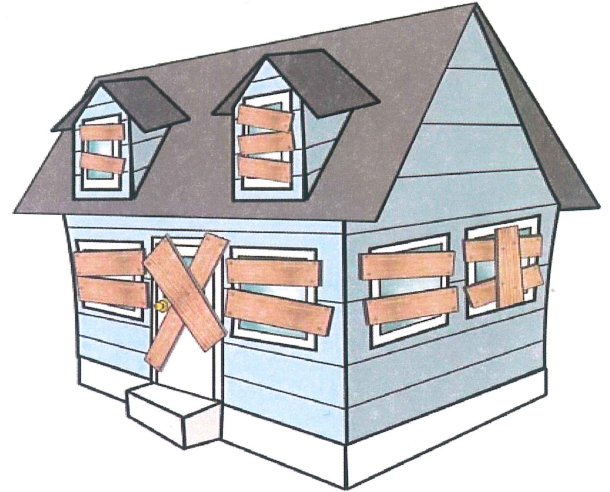
*Programs include an exclusive insurance policy through an A+ rated insurance company with the premium starting at **\$1,000 for Home Inspectors**  
**\$1,800 for Preservation***

*(Fee, Tax are added to premium. Minimum premium subject to the State of operations)*

***Is your business protected for***

- *Bodily Injury or Damage to Others*
- *Mistakes - Errors or Omissions*
- *Personal and Advertising Injury*
- *Assault & Battery*
- *Wrongful Entry or Detainment*
- *False Arrest*
- *Sexual Misconduct Allegations*
- *Care, Custody and Control*
- *Electronic Liability Protection*
- *Actions of Subcontractors*
- *Prior Acts if needed*

***Mortgage Field Services  
Home Inspections  
Property Preservation  
Real Estate E&O  
Home Appraisals***



*Occupancy Inspection  
Merchant Site Verification  
Insurance Photo Service  
Insurance Inspections  
Process Serving—Door Knocks  
Construction Reports  
Boarding & Lock Changes  
Lawn and Exterior Maintenance  
Exterior & Interior Cleanouts  
Exterior & Interior Repair  
Winterization  
Construction Repair*

Business Name	Contact Name
Applicant Name (owner/officer/partner)	Business Number
Mailing Address	Fax Number
City State Zip	Cell Number
Email Address	EIN/SSN
Website Address	In Business Since
Organization Type Individual Partnership Corporation LLC PLLC LTD	Effective Date

- Level 1** Mortgage Field Inspection and Investigations
- Level 3** Level I plus lock changes, lawn care, exterior debris removal, boarding of windows. Interior work, interior debris removal and preservation (Property Preservation Certificate Required)

Prior Insurance Company	Policy Dates	Premium	Claims-Made Form	# of Claims

**Prior Acts Endorsement - One year prior gap coverage is available when the expiring policy is written on a claims-made form.** Binding of prior acts will require proof of expiring declaration and loss report for up to 3 years. Rejection applies if a lapse in coverage of 30 or more days.

Physical Address is different than mailing address	City	State	Zip

List your vendors	
1	5
2	6
3	7
4	8

**Optional Coverage**

- Hired and Non-Owned Auto \$1,000,000 (Employees must carry \$100,000 limits and/or contract required)
- Employers Liability - Stop Gap \$1,000,000 (ND, OH, WA, WV, WY States Only)
- Employee Benefits \$1,000,000

Field Services Performed	%	Field Services Performed	%
LI - Asset Location	<input type="checkbox"/>	L3 - Exterior Debris Removal	<input type="checkbox"/>
LI -Contractors Completion Inspection	<input type="checkbox"/>	L3 - Exterior Repair Work	<input type="checkbox"/>
LI -Eviction Notice Postings	<input type="checkbox"/>	L3 - Interior Debris Removal/Clean Outs	<input type="checkbox"/>
LI - Field Occupancy Inspection	<input type="checkbox"/>	L3 - Interior Repair Work	<input type="checkbox"/>
LI - Insurance Inspection and Photo Service	<input type="checkbox"/>	L3 - Winterization	<input type="checkbox"/>
LI - Insurance Loss Control Services	<input type="checkbox"/>	L3 - Certified Pest Inspections	<input type="checkbox"/>
LI - Legal or Process Services	<input type="checkbox"/>	L3 - Certified Pest Exterminations	<input type="checkbox"/>
LI - Merchant Site Verification	<input type="checkbox"/>	L3 - Utility Testing	<input type="checkbox"/>
LI - Records and Research	<input type="checkbox"/>	Construction other than MFS	<input type="checkbox"/>
LI - Interviews other	<input type="checkbox"/>	Other:	<input type="checkbox"/>
L3 - Lawn Maintenance	<input type="checkbox"/>	Real Estate Listing/Sales	Excluded
L3 - Lock Changes	<input type="checkbox"/>	Real Estate Home Presale Inspections	Excluded
L3 - Boarding of Windows	<input type="checkbox"/>	Real Estate Appraisals	Excluded

Premium Determination			
Sales for last 12 months	\$	Sales for next 12 months	\$
Number of Active Owners	#	Inactive Owners/Clerical	#
Employees Field Inspectors	#	Payroll for Field Inspectors	\$
Employees Property Preservation	#	Payroll for Property Preservation	\$
Insured Subcontractors Costs	\$	Uninsured Subcontractors Costs	\$

**Subcontractors**

- Do you verify your subcontractor have general liability insurance?
- Do all subcontractors carry limits equal to yours?
- Are you named as an additional insured?
- Do you use subcontractor contracts? Please send a copy with submission

Yes	No	<input checked="" type="checkbox"/>	No Subcontractors Hired
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

**Employees and/or Subcontractors**

- Do you perform background checks?
- Do you obtain verification of auto insurance and annual driving abstracts?
- Field testing is required for new employees/subcontractors?
- Workman's comp coverage is provided to your employees?
- Employee handbooks are given to each employees?
- Property preservation testing required? (Level 3)
- Quality control testing performed?
- Owner on site when work completed?

Yes	No	<input checked="" type="checkbox"/>	No Employees Hired
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

**General Operations**

Professional Associations or Organization member of: \_\_\_\_\_  
(Our insurance is only offered to members of an approved association)

How many years to you keep records? \_\_\_\_\_

Are you a licensed contractor?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Do you have signed contracts with each client?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Have you ever operated under another business name?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Prior name and reason for name change \_\_\_\_\_

**Has any insurance carrier cancelled or declined to renew in the past three years:** Yes  No   
If yes, why? \_\_\_\_\_

**Please detail claims or potential claims within the past three years?** No Claims

**Describe your ongoing education and training:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list your experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Coverage Needs**

Workman's Compensation	<input type="checkbox"/>
Business Property	<input type="checkbox"/>
Business Auto	<input type="checkbox"/>
License Bonding	<input type="checkbox"/>

**List your current carrier and expiration date**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This policy is being placed with a SURPLUS LINES MARKET which is not regulated by the State Insurance Guaranty Fund. In the Event of the insolvency of the SURPLUS LINES insurer, losses will not be paid by the STATE INSURANCE GUARANTY FUND. The undersigned hereby acknowledges that InsuranceTek, Inc. has explained this to the applicant. InsuranceTek, Inc. will only place coverage with a Best "A" Rated or better insurance carriers).

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**I have read and understand the above statements.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_