

# **InsuranceTek, Inc.**

## **National Insurance Brokers'**

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[www.Insurance-Tek.com](http://www.Insurance-Tek.com)

## **Mortgage Field Services Program**

### **Coverage Limits - Occurrence Form Policy**

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> Professional E&O	\$1,000,000
> General Liability Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$1,000,000
Each Occurrence Limit	\$1,000,000
Personal Injury & Advertising Injury	\$1,000,000
Assault & Battery	\$300,000
Fire Damage to Leased Property	\$100,000
Premises Medical Expense	\$5,000
Care, Custody and Control	\$50,000
Lost Key Coverage	\$10,000
Policy per Claim Deductible	None
Blanket Additional Insured	Included

### **Premium**

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- > Policy is based on projected annual receipts
- > Subcontractors allowed within the program
- > Minimum premium subject to Level of operations, Fee and Tax
  - Level 1 \$1,000
  - Level 2 Included in Level 3 as of 2/1/2010
  - Level 3 \$1,800
- > **Claims-Made Gap Coverage - 12 Months Prior Acts Gap Available**

### **Underwriting Information Required to Bind**

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- > Completed and Signed Application
- > No Loss Warranty Statement Signed
- > Claims-Made Release Statement Signed
- > Loss Report for 3 year or time in business if less (Prior claims or purchasing Gap Coverage)
- > Prior Declaration Page Required when binding gap coverage
- > Premium Check (Electronic Processing of checks when faxed)
  - Visa/MasterCard Service available subject to 2% service fee

### **Agency Contact**

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> Agency Principal	Vicki Boser	<a href="mailto:Vicki@Insurance-Tek.com">Vicki@Insurance-Tek.com</a>
> Program Director	H Eric Vennes	<a href="mailto:EricV@Insurance-Tek.com">EricV@Insurance-Tek.com</a>
> Sales Agent	Kevin Wert	<a href="mailto:Kwert@Insurance-Tek.com">Kwert@Insurance-Tek.com</a>
> Account Manager	Jennifer Eads	<a href="mailto:Jennifer@Insurance-Tek.com">Jennifer@Insurance-Tek.com</a>
> Account Assistant	Katie Higgins	<a href="mailto:Katie@Insurance-Tek.com">Katie@Insurance-Tek.com</a>
> Application on Website		<a href="http://www.Insurance-Tek.com">www.Insurance-Tek.com</a>

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			Effective Date		
Individual	Partnership	Corporation	LLC	PLLC	LTD

- 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 MSF	<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 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 require subcontractor agreements?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

No Subcontractors Hired

**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 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"/>

No Employees Hired

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

**List your current carrier and expiration date**

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

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 \_\_\_\_\_