

# InsuranceTek, Inc.

13300 Bothell-Everett Hwy #6129  
Mill Creek WA 98012  
Phone (888) 505-1555 \* Fax (425) 357-1551  
[www.Insurance-Tek.Com](http://www.Insurance-Tek.Com)

## Mortgage Field Services

### Coverage

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> General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$1,000,000
Each Occurrence Limit	\$1,000,000
Personal Injury & Advertising Injury	\$1,000,000
Professional E&O	\$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

### Rating Basis

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- > Policy is based on projected annual receipts
- > Subcontracting costs are included within the annual receipts
- > Minimum premium subject to Level of operations
  - Level 1 \$800
  - Level 2 \$1,000
  - Level 3 \$1,500
- > Three year loss report required within 30 day of binding, can be obtained from prior agent
- > Nose Endorsement - 12 Months Prior Acts Gap Coverage
  - Premium subject to 50% of expiring premium and/or \$1,500.
  - Coverage purchased first year only then not required on second term.
- > Prior Declaration Page Required with all applications
  - If more than 30 days lapse in coverage, rejected of gap coverage required.
  - Proposal will be signed as accepted or rejected and made part of your policy.

### Underwriting Information Required to Bind

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- > Completed and Signed Application
- > Signed Proposal Form
- > Signed Gap Endorsement
- > Loss Report (can be obtained from current/prior agent)
- > Premium Check

### Agency Contact

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|--------------------------|---------------|--|
| > Program Director       | Vicki Boser   | <a href="mailto:Vicki@Insurance-Tek.com">Vicki@Insurance-Tek.com</a>       |
| > Account Executive      | H Eric Vennes | <a href="mailto:EricV@Insurance-Tek.com">EricV@Insurance-Tek.com</a>       |
| > Account Manager        | Jennifer Eads | <a href="mailto:Jennifer@Insurance-Tek.com">Jennifer@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)	Contact Number
Mailing Address	Business Number
City State Zip	Fax Number
Email Address	Cell Number
Website Address	Date Started Business
Organization Type Individual Partnership Corporation LLC PLLC LTD	Effective Date

- Level 1** Mortgage Field Inspection and Investigations
- Level 2** Level I and Limited Property Preservation (Lock Changes, lawn care, exterior debris removal, boarding of windows)
- Level 3** Mortgage Field Inspections and Property Preservation (Certification Required)

Prior Insurance Company	Policy Dates	Premium	Claims-Made	Claims (Yes/No)

**Prior Acts Endorsement - Must be accepted or rejection which becomes part of your policy.**  
 When submitting application 1) Include a copy of your prior declaration. 2) To purchase prior acts prior loss report for up to 3 years. 3) If purchased, the endorsement cost is 50% of expiring premium or subject to minimum \$1,500. 4) Rejection applies if more than 30 days lapse in coverage.

Physical Address	City	State	Zip

Additional Insured Name and Address	City	State	Zip

**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	%
Asset Location	<input type="checkbox"/>	Exterior Debris Removal	<input type="checkbox"/>
Contractors Completion Inspection	<input type="checkbox"/>	Exterior Repair Work	<input type="checkbox"/>
Eviction Notice Postings	<input type="checkbox"/>	Interior Debris Removal/Clean Outs	<input type="checkbox"/>
Field Occupancy Inspection	<input type="checkbox"/>	Interior Repair Work	<input type="checkbox"/>
Insurance Inspection and Photo Service	<input type="checkbox"/>	Winterization	<input type="checkbox"/>
Insurance Loss Control Services	<input type="checkbox"/>	Certified Pest Inspections	<input type="checkbox"/>
Legal or Process Services	<input type="checkbox"/>	Certified Pest Exterminations	<input type="checkbox"/>
Merchant Site Verification	<input type="checkbox"/>	Utility Testing	<input type="checkbox"/>
Records and Research	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Interviews other	<input type="checkbox"/>	Construction Repair other than field services	<input type="checkbox"/>
Lawn Maintenance	<input type="checkbox"/>	Real Estate Listing/Sales	Excluded
Lock Changes	<input type="checkbox"/>	Real Estate Home Inspections	Excluded
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"/>	No Subcontractors 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"/>		

**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"/>	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 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 \_\_\_\_\_

## ***No Known Loss Letter***

To Whom it May Concern;

This letter is to comply with the request for my prior claims history to date. For the last three years, there have been no known losses for General Liability Coverage. We have requested our report from the insurance company and have not had a response to our requests.

During the most recent five years, I/we represent, warrant, and affirm as a consideration of receiving general liability and/or workers compensation insurance that:

- 1) I/we have had no losses; and,
- 2) I/we have had no claims or notices of claims made against me/us; and,
- 3) I/we have not had similar general liability/workers compensation coverage cancelled or Non-renewed by any insurer; and,
- 4) I/we have no knowledge of any pending claim, or reason to expect a claim or loss resulting from our business activities. These representations are given to induce the insurance company to provide general liability and/or workers compensation insurance, and are true and correct.

\_\_\_\_\_ There are no exceptions.

\_\_\_\_\_ Exception (Explain fully): \_\_\_\_\_

Authorized Signer \_\_\_\_\_

Name of Company \_\_\_\_\_

Date \_\_\_\_\_

## Claims-Made Statement Release Form

Today's Date: \_\_\_\_\_

Name of Applicant/Business \_\_\_\_\_

InsuranceTek, Inc.  
108 Union Street  
PO Box 70  
Snohomish WA 98291-0070  
Phone 888-505-1555  
Fax 800-521-1528

A claims-made policy will have a discovery period that is time restrictive and is outlined within the policy terms. If a claim is discovered outside of this claims-made period, the claim will not be covered. I understand I have the option to request a quote from the prior agent to purchase this "tail" or extended discovery period.

I understand the new policy will be written on an occurrence form and will not provide protection for claims dated prior to this policy being effective. I may have an option to purchase a 12 month "nose" or prior acts gap endorsement, if conditions are met. I can accept or reject the gap endorsement based on the proposal form offered by InsuranceTek Inc.

This release form is to confirm InsuranceTek Inc has discussed the restrictions with the termination of a claims-made policy.

X \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signer Print \_\_\_\_\_

This release form is required when converting from a claims-made policy to an occurrence policy. Should I fail to notify InsuranceTek Inc that prior coverage was in place and/or the insurance form was claims-made, I agree and understand that even without signature, InsuranceTek Inc will be held harmless.