



FORECLOSURE/EVICTION CLEANUP SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date: _____

Name of Applicant: _____

State/Area of Operations: _____ Web site Address: _____

Provide details of all your operations: _____

Do you have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

1. Applicant Operations:

Number of Owner/Partners: _____ Payroll: _____ No. of Trade Employees: _____

Operation is: (% of each) Type of Work: _____

Residential _____% Commercial _____% Industrial _____%

Other: Describe _____%

2. Who hires your services: (% of each)

Banks or other Financial Institutions _____% Realty Company or Broker _____% General Contractor _____%

Current Owner of property _____% New Owner of property _____%

Other: Describe _____%

3. Receipts/Sales:

Current Year: _____ Previous Year: _____ Two Years Ago: _____

Average Number of Jobs per month: _____ Average Receipts per Job: _____

Do you retain any items of value for resale? ☐ Yes ☐ No

If yes, annual receipts from sale of these items: _____

4. Subcontracted Work Cost:

Uninsured Subcontractors cost \$ _____

Insured Subcontractors cost \$ _____

Subcontracted work costs as percentage of total annual receipts: _____%

5. Describe equipment used in operations: _____

6. List three current projects: (If less than three, include most recent completed projects)

Customer Name and Project Description	Receipts	Duration of Project
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a. _____	_____	_____
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b. _____	_____	_____
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c. _____	_____	_____
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7. List largest jobs in the last three years:

Customer Name and Project Description	Receipts	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

8. Have you ever acted in the capacity of a General Contractor? ☐ Yes ☐ No

If yes, provide details: _____

9. Have you ever acted in the capacity of a Construction/Project Manager or Construction Consultant? ☐ Yes ☐ No

If yes, provide details: _____

10. Any operations as a Property Inspector? ☐ Yes ☐ No

**11. Indicate percentage of total operations performed by you or subcontractors for the following:
(Percentages should total 100%):**

OPERATION TYPE	YOU	SUB	OPERATION TYPE	YOU	SUB
Asbestos removal	%	%	Landscape maintenance	%	%
Carpentry – interior	%	%	Masonry	%	%
Debris/Junk/Trash removal	%	%	Meth Lab/Cannabis Factory Clean-up or similar	%	%
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	%	%
Install new cabinets or countertops	%	%	Waterproofing	%	%
Janitorial - general cleaning	%	%	Window cleaning	%	%
Landscaping	%	%	Other: (describe) _____	%	%



12. Liability Controls:

- a. Do you take photographs of the premises before and after your work?..... ☐ Yes ☐ No
If no, explain your procedures for evidencing the initial condition of the property (such as a standard checklist you complete): _____
- b. Do you use a written contract with customers?..... ☐ Yes ☐ No
If no, explain when not required: _____
- c. Do you use a written contract with subcontractors?..... ☐ Yes ☐ No
If no, explain when not required: _____
- d. Do your contracts contain a hold harmless agreement in your favor? ☐ Yes ☐ No
- e. Do your contracts require you to fully secure the premises being worked upon? ☐ Yes ☐ No
- f. Do you obtain certificates of insurance from all subcontractors?..... ☐ Yes ☐ No
If yes, minimum limits required: _____

- g. Are you added as an additional insured on the subcontractors' liability policies? ☐ Yes ☐ No
- h. Do you have Workers' Compensation coverage in force? ☐ Yes ☐ No
- i. Have you been involved in any claims involving construction defects? ☐ Yes ☐ No
If yes, explain: _____

13. Miscellaneous Liability:

- a. Do you require the premises to have been vacated by previous owner or tenant prior to your work activities? ☐ Yes ☐ No
If no, explain: _____

- b. Do you own or have title to any projects undergoing renovation? ☐ Yes ☐ No
If no, explain: _____



This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.