



## FORECLOSURE/EVICTION CLEANUP SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. State/Area of Operations:** \_\_\_\_\_

**2. Description of Operations:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Applicant's Operations:**

Number of Owner/Partners: \_\_\_\_\_ Payroll: \_\_\_\_\_ No. of Trade Employees: \_\_\_\_\_

**Operation is (percentage of each):**

Residential:..... \_\_\_\_\_% Commercial:..... \_\_\_\_\_% Industrial:..... \_\_\_\_\_%

Other (describe): \_\_\_\_\_%

**4. Applicant provides services to (percentage of each):**

Banks or other Financial Institutions:..... \_\_\_\_\_% Realty Company or Broker: ..... \_\_\_\_\_%

Current Owner of property: ..... \_\_\_\_\_% New Owner of property: ..... \_\_\_\_\_%

General Contractor: ..... \_\_\_\_\_%

Other (describe): \_\_\_\_\_%

**5. Receipts/Sales:**

Current Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_

Average Number of Jobs per month: .....

Average Receipts per Job:..... \$ \_\_\_\_\_

Does applicant retain any items of value for resale?.....  Yes  No

If yes, annual receipts from sale of these items: ..... \$ \_\_\_\_\_

**6. Subcontracted Work Cost:**

Uninsured Subcontractors cost: ..... \$ \_\_\_\_\_

Insured Subcontractors cost:..... \$ \_\_\_\_\_

Subcontracted work costs as percentage of total annual receipts:..... \_\_\_\_\_%

7. Describe equipment used in operations: \_\_\_\_\_

\_\_\_\_\_

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

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

9. List largest jobs in the last three years:

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

10. List known future projects:

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

11. Indicate percentage of total operations performed by applicant or subcontractors for the following (Percentages should total one hundred percent [100%]):

Asbestos removal	%	Landscaping	%
Carpentry—interior	%	Landscape maintenance	%
Debris/Junk/Trash removal	%	Masonry	%
Demolition interior—non-structural	%	Meth lab cleanup	%
Demolition exterior or interior structural	%	Mold or spore treatment or remediation	%
Door or window installation	%	New construction site cleanup/make ready	%
Drywall	%	New residential home construction	%
Electrical	%	Painting—interior	%
Eviction processes or procedures	%	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	%
Other (describe): _____			%

12. Has applicant ever acted in the capacity of a General Contractor? .....  Yes  No  
If yes, provide details: \_\_\_\_\_

13. Has applicant ever acted in the capacity of a Construction/Project Manager or Construction Consultant? .....  Yes  No  
If yes, provide details: \_\_\_\_\_

14. Any operations as a Property Inspector? .....  Yes  No

15. Does applicant use a written contract with customers? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_

16. Does applicant have Workers' Compensation coverage in force? .....  Yes  No

**17. Subcontracted Work:**

a. List the subcontracted trades used and the percentage of total operations:

Carpentry	%	/	%	/	%	/	%
Plumbing	%	/	%	/	%	/	%
Electrical	%	/	%	/	%	/	%
Heating/Air	%	/	%	/	%	/	%

b. Does applicant use a written contract with subcontractors? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_

If yes, do contracts include a hold harmless agreement in favor of the applicant? .....  Yes  No

c. Does applicant obtain certificates of insurance from all subcontractors? .....  Yes  No  
If yes, minimum limits required: ..... \$ \_\_\_\_\_

d. Is applicant added as an additional insured on the subcontractors' liability policies? .....  Yes  No

18. Has applicant been involved in any claims involving construction defects? .....  Yes  No  
If yes, explain: \_\_\_\_\_

19. Have all tenants or occupants been evicted prior to applicant's work activities? .....  Yes  No  
If no, describe procedure/process followed prior to beginning work: \_\_\_\_\_

20. Does applicant own or have title to any locations undergoing cleanup/renovation? .....  Yes  No

21. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_

22. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No  
If yes, describe: \_\_\_\_\_

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

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.