



**Errors And Omissions Liability/  
General Liability  
Property Preservation Contractors  
Supplemental Application  
(Complete in addition to ACORD)**

**NOTICE: General Liability Coverage is an OCCURRENCE FORM. Errors and Omissions Coverage is a CLAIMS-MADE AND REPORTED COVERAGE FORM. The E&O Coverage Form is limited to liability for only those claims that are first made against you and reported to us during the policy period.**

**INDICATE COVERAGE(S) BEING REQUESTED:**

- General Liability     Errors & Omissions Liability     Both General Liability and Errors & Omissions Liability

1. Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website Address: \_\_\_\_\_  
 Applicant's Contact Name: \_\_\_\_\_ Applicant's Contact Phone No.: \_\_\_\_\_  
 Applicant's Contact Email Address: \_\_\_\_\_

2. Date Established: \_\_\_\_\_  
 How long have you been engaged in your current occupation or business? \_\_\_\_\_ Years

3. Is the firm owned by, associated with or controlled by any other business, or are you engaged in any other profession or business?  Yes  No  
 If yes, give details: \_\_\_\_\_

4. Describe in detail the nature of the professional or business activities for which insurance is desired:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Gross Revenue for prior year: \$ \_\_\_\_\_ Gross Revenue anticipated for next year: \$ \_\_\_\_\_

6. Do you retain any items of value for resale or any salvage?  Yes  No  
 If yes, describe: \_\_\_\_\_

7. Number of owners, partners and officers: \_\_\_\_\_

8. Number of employees and their classifications or trades (other than owners, partners & clerical):

Classification or Trade	# of Employees	Payroll
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
Total Payroll:		\$ _____

9. Describe the typical project in which your company is involved: \_\_\_\_\_  
 \_\_\_\_\_

10. Are you currently working or would you consider working in the state of New York?  Yes  No

11. Do you use subcontractors?  Yes  No (If yes, complete questions 11 through 15.)

12. Annual subcontracted cost (labor and materials): \$ \_\_\_\_\_

13. Do you normally employ the same subcontractors?  Yes  No  
 Number of subcontractors: \_\_\_\_\_ What percent of your total revenue is subcontracted? \_\_\_\_\_%

14. Explain what types of services are subcontracted: \_\_\_\_\_  
 \_\_\_\_\_

15. Do all subcontractors provide Certificates of Insurance?  Yes  No  
 a. Limits required of your subcontractors: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate  
 b. Are you an Additional Insured on all subcontractors' policies?  Yes  No  
 c. Do all subcontractors "hold you harmless"?  Yes  No  
 d. Do you keep copies of all certificates?  Yes  No If yes, how long are they kept? \_\_\_\_\_  
 e. Explain any "No" responses: \_\_\_\_\_

16. Show percent of work performed in: **(Must equal 100%)**  
 Commercial \_\_\_\_\_% Industrial \_\_\_\_\_% Institutional \_\_\_\_\_% Residential \_\_\_\_\_% =100%

17. Are any of the following services performed or offered?

	Yes	No		Yes	No
Asbestos removal/remediation	<input type="checkbox"/>	<input type="checkbox"/>	Meth lab remediation	<input type="checkbox"/>	<input type="checkbox"/>
Auto repossession	<input type="checkbox"/>	<input type="checkbox"/>	Mold removal/remediation	<input type="checkbox"/>	<input type="checkbox"/>
Broker price opinions	<input type="checkbox"/>	<input type="checkbox"/>	Oil spill clean up	<input type="checkbox"/>	<input type="checkbox"/>
Burglar alarm installation/repair	<input type="checkbox"/>	<input type="checkbox"/>	Radon removal/remediation	<input type="checkbox"/>	<input type="checkbox"/>
Crime scene clean up	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>
Construction site debris removal	<input type="checkbox"/>	<input type="checkbox"/>	Re-roofing	<input type="checkbox"/>	<input type="checkbox"/>
Evictions/Lock Out	<input type="checkbox"/>	<input type="checkbox"/>	Snow/Ice removal	<input type="checkbox"/>	<input type="checkbox"/>
Exterior work over 3 stories	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>
Fire and/or water restoration	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>
Fire suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	Other: (describe)		
Lead removal/remediation	<input type="checkbox"/>	<input type="checkbox"/>			

18. Describe equipment used in your operations: \_\_\_\_\_  
 \_\_\_\_\_

19. Who hires your services (% of each):  
 Banks or other Financial Institutions \_\_\_\_\_%      Habitational Associations \_\_\_\_\_%  
 Current Owner of property \_\_\_\_\_%      New Owner of property \_\_\_\_\_%  
 General Contractor \_\_\_\_\_%      Realty Company or Broker \_\_\_\_\_%  
 Other: (specify below): \_\_\_\_\_%

20. Will you ever work as a Construction/Project Manager or Construction Consultant?  Yes  No  
 If yes, provide details: \_\_\_\_\_

21. Will you ever work as a Property Inspector, Property Appraiser, or Property Assessor?  Yes  No  
 If yes, provide details: \_\_\_\_\_

22. Have all tenants or occupants been evicted prior to your work activities?  Yes  No

23. Provide details of General Liability insurance in force:

Company	Limit	Deductible	Policy Term

24. Provide details of Errors and Omissions insurance carried during the last three (3) years:

Company	Limit	Deductible	Premium	Policy Term

Is your expiring Policy/Coverage Form a **CLAIMS-MADE AND REPORTED COVERAGE FORM**?  Yes  No

If yes, give Retroactive Date: \_\_\_\_\_

25. Has any application for Errors and Omissions or similar insurance made on your behalf, your firm or present partners, owners, officers or employees ever been cancelled or refused renewal?  Yes  No

If yes, give details below or attach an information sheet: \_\_\_\_\_

26. Have any claims, suits or proceedings been made during the past five (5) years against you, your firm, your predecessors in business or against any present partners, owners, officers or employees?  Yes  No

If yes, give details below or attach an information sheet: \_\_\_\_\_

27. Are you aware of any alleged act, circumstance, situation or error or omission which may result in a "claim" being made against you or any of the persons or firm described on this application?  Yes  No

If yes, give details below or attach an information sheet: \_\_\_\_\_

**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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

**YOU HEREBY DECLARE** that the above statements and particulars are true and that you have not suppressed or misstated any material facts and you agree that this application will be the sole basis of any subsequent contract or insurance with us. Signature of the application does not bind you or us to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

Date

Signature of Applicant

Title

**PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE COVERAGE FORM. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.**