

**Property Preservation Supplemental Application**  
(Complete in addition to ACORD General Liability Application)

**Name of Applicant:** \_\_\_\_\_  
**Address of Applicant:** \_\_\_\_\_  
**State/Area of Operations:** \_\_\_\_\_ **Website 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 Property Owner \_\_\_\_\_%  
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 of these 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
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

**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 Instructor? .....**  Yes  No

**11. Indicate percentage of total operations performed by you or subcontractor for the following:**

**(Percentages should total 100%)**

*Asbestos Removal	%	Landscape Maintenance	%
Carpentry – interior	%	Masonry	%
Debris/Junk/Trash removal	%	*Meth lab cleanup	%
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 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)	%

IMPORTANT NOTE: Any services with an \* are prohibited.

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

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

**13. Liability Controls:**

- a. Do you use a written contract with customers? ..... Yes No  
If no, explain when not required: \_\_\_\_\_
- b. Do you use a written contract with subcontractors? ..... Yes No  
If no, explain when not required: \_\_\_\_\_
- c. Do your contracts contain a hold harmless agreement in your favor? ..... Yes No
- d. Do you obtain certificates of insurance from all subcontractors? ..... Yes No  
If yes, minimum limits required: \_\_\_\_\_
- e. Are you added as an additional insured on the subcontractors' liability policies? ..... Yes No
- f. Do you have Workers' Compensation coverage in force? ..... Yes No
- g. Have you been involved in any claims involving construction defects? ..... Yes No  
If yes, explain: \_\_\_\_\_

**14. Miscellaneous Liability:**

- a. Are all tenants or occupants been evicted prior to your work activities? ..... Yes No  
If no, describe procedure/process followed by you prior to beginning work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Do you own or have title to any projects undergoing renovation? ..... Yes No

This supplemental 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.)

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

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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 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.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files in 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 STATEMENT:** I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Applicants Phone Number:** \_\_\_\_\_ **Applicants Email:** \_\_\_\_\_

**CO-APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE:** Isaac Peck \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGENT NAME:** \_\_\_\_\_ **AGENT LICENSE NUMBER:** \_\_\_\_\_

(Applicable to Florida Agents Only)

**IOWA LICENSED AGENT:** \_\_\_\_\_

(Applicable in Iowa Only)