



McGOWAN RISK SPECIALISTS

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mcgowanrisk.com

1. Company Name (full legal) _____
Contact Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail Address: _____
Web Address: _____
2. Please list all states in which the Applicant operates: _____
3. How many years has the Applicant been in business? _____
4. Please describe the professional services for which coverage is desired: _____

5. Please indicate the total revenue derived from your company for the following fiscal years:
Current Year: \$ _____ Last Year: \$ _____ Next Year (projected): \$ _____
6. What percentage of your business is derived from the following:
❖ **Mortgage Field Rep Inspections:** _____
❖ **Property Preservation Services:** _____
7. Please indicate the total number of **employees** providing mortgage field inspection services: _____
8. Please indicate the total number of **employees** providing property preservation services: _____
9. Please indicate the total number of **Independent Contractors** performing mortgage field inspections and/or property preservation services for the company: _____
A.) Does the Applicant want coverage for these Independent Contractors? Yes No
B.) If No, will you require Independent Contractors to carry/maintain E&O Insurance? Yes No
10. How many mortgage field inspections does the applicant perform annually? _____
11. How many property preservation jobs does the applicant perform annually? _____
12. Please indicate the average value of properties preserved/inspected annually: _____

13. What percentage of the applicant's receipts are derived from the following areas (please answer A & B):

A (must equal 100%)

Residential Properties: _____

Commercial Buildings: _____

B (must equal 100%)

Lending institutions/banks: _____

Real estate agencies: _____

Private Homeowners _____

Other (please explain): _____

14. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own any other firm business enterprise? Yes No

If Yes, please explain:

15. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activity? Yes No

If Yes, please describe:

16. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees? Yes No

*If you answered Yes to the above question, please describe including name of claimant; type of service provided and allegation made, date claim was made, demand amount and final disposition including indemnity and expense amount:

17. Does the Applicant or do the Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? Yes No

*If Yes, please describe:

18. List any industry associations/memberships with which the Applicant is affiliated:

19. Does the applicant currently carry professional liability insurance? Yes No

*If yes and in order to best meet your insurance coverage needs, please provide the following information about your current professional liability policy:

Carrier:	_____	Premium:	_____
Limit:	_____	Retroactive Date:	_____
Retention:	_____	Expiration:	_____

NOTICE TO APPLICANT ~ PLEASE READ CAREFULLY:

Warranty: The applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____