



**MISCELLANEOUS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION
MORTGAGE FIELD INSPECTOR / PROPERTY PRESERVATION SERVICE**

THIS IS A SUPPLEMENTAL APPLICATION – COVERAGE IS SUBJECT TO A FULLY EXECUTED
MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL. SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT.

Applicant's Name

Agent

Please provide the following information:

1. Indicate below the percentage of the Applicant's annual revenue derived from the following services:
Mortgage Field Inspection: _____ % Property Preservation Services _____ %

2. Indicate below the percentage of the Applicant's gross annual revenue derived from service to the following:
Commercial Properties: _____ % Residential Properties: _____ %

3. Indicate below if the Applicant provides any of the following services:

FOR ALL "YES" RESPONSES PLEASE PROVIDE FULL DETAILS INCLUDING THE ANNUAL REVENUES RELATED TO EACH SERVICE:

	Yes	No		Yes	No
Construction or Renovation	<input type="checkbox"/>	<input type="checkbox"/>	Removal of hazardous waste	<input type="checkbox"/>	<input type="checkbox"/>
Eviction	<input type="checkbox"/>	<input type="checkbox"/>	Securing swimming pools	<input type="checkbox"/>	<input type="checkbox"/>
Mold Remediation	<input type="checkbox"/>	<input type="checkbox"/>	Tenant Property Disposal	<input type="checkbox"/>	<input type="checkbox"/>

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.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT , TO THE BEST OF HIS /HER KNOWLEDGE AND BELIEF , AFTER REASONABLE INQUIRY , THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS , ARE TRUE AND COMPLETE . THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE A POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND IS CONSIDERED PHYSICALLY ATTACHED TO THIS APPLICATION . THIS APPLICATION AND SUCH INFORMATION WILL BECOME PART OF , AND BE CONSIDERED PHYSICALLY ATTACHED TO , ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION . IF, AS A RESULT OF THIS APPLICATION , A POLICY IS ISSUED , THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ON SUCH ATTACHMENTS.

IF THE STATEMENTS IN THIS APPLICATION OR IN ANY ATTACHMENT CHANGE MATERIALLY BEFORE THE EFFECTIVE DATE OF ANY PROPOSED POLICY, THE APPLICANT MUST NOTIFY THE COMPANY , AND THE COMPANY MAY MODIFY OR WITHDRAW ANY QUOTATION . THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (A) THE POLICY FOR WHICH APPLICATION IS MADE WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE PERIOD IN WHICH THE POLICY IS IN EFFECT; AND



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- (B) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL BE REDUCED , AND MAY BE COMPLETELY EXHAUSTED , BY THE PAYMENT OF DEFENSE EXPENSES AND, IN SUCH EVENT , THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE OF ANY CLAIM OR BE LIABLE FOR THE DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND
- (C) DEFENSE EXPENSES WILL BE APPLIED AGAINST ANY APPLICABLE DEDUCTIBLE.

APPLICANT:		
BY (PRINCIPAL, OFFICER OR PARTNER)	TITLE:	DATE: