

HOME INSPECTOR APPLICATION

NOTICE: This application is for a CLAIMS MADE POLICY. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

1. Name of Firm: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Website Address: _____ Email Address: _____
2. Date Established: _____ Phone Number: _____
3. Is applicant firm a Corporation? LLC Partnership Sole Proprietorship
4. Is the firm owned by, associated with or controlled by any other business? Yes No
 If Yes, give details. _____
5. Are you engaged in any other profession or business? Yes No
 If Yes, explain. _____
6. Provide the number of your staff.
 Partners or Officers _____ Professional/Technical Personnel _____ Support _____
7. List the qualifications and experience of the professional staff.

8. List certifications of the professional staff.

9. Gross Revenue estimated for next year. Indicate year in spaces provided.
 Current Year _____ \$ _____ Previous Year _____ \$ _____
 Next Year (estimate) _____ \$ _____

10. Are any changes in the nature or size of the applicant's business anticipated over the next 24 months? Yes No

If Yes, explain. _____

11. Does the applicant use independent contractors? Yes No

If Yes, state how many and explain what types of services and what percent of your total receipts are subcontracted.

Is evidence of professional liability insurance required from independent contractors? Yes No

What is the limit required? _____

12. Does your firm use a written contract or agreement describing the services to be provided? Yes No

13. Have your contracts and procedures been reviewed by a law firm? Yes No

14. Does your firm assume liability for others under contracts utilized? Yes No

15. List your three largest clients during the past year and indicate services performed and approximate revenue from each.

Name	Services	Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. a. Do you conduct tests to determine the existence of radon or lead? Yes No

- b. Do you conduct tests to determine the existence of mold or any other fungi? Yes No

c. If yes, please indicate the percentage of revenues derived from these operations:

Radon _____ % Lead _____ % Mold _____ % Pests _____ %

- d. Do you use an independent laboratory to evaluate the radon canister? Yes No

- e. Do you perform mold remediation services? Yes No

17. Please indicate the states in which the applicant or staff as individuals are licensed. If none, so state.

18. Do you obtain client/customer signature on your Pre-Inspection Agreement before each and every inspection? Yes No

19. a. For categories listed below, please indicate the percentage of referral sources for your home inspection business:

Sellers _____ % Real Estate Agent _____ % Other _____ %

Buyers _____ % Telephone Yellow Pages _____ %

Repeat _____ % Internet _____ %

- b. What is the maximum percentage of referral business from any one source? _____ %

- c. Please identify this source and provide details: _____

20. Does applicant provide additional services for the properties they have inspected? Yes No
 If so, please identify the additional services that are performed. _____

21. Is the applicant, any employee or anyone that provides services on behalf of the applicant an architect or engineer? Yes No

22. Do you inspect any new construction? Yes No
 If yes, please indicate the percentage of revenues derived from these operations. _____ %

23. a. Do you inspect commercial property? Yes No

b. If yes, how many commercial properties were inspected in the prior 12 months? _____

c. How much revenue was derived from commercial inspections? _____

d. Do you perform any commercial assessments? Yes No

24. Provide details of General Liability Insurance in force.

Company	Limit	Deductible	Policy Term
_____	_____	_____	_____

Does the policy detailed above include coverage for Products/Completed Operations Hazard? Yes No

25. Please provide details of Errors and Omissions insurance carried during the last three years.

Company	Limit	Deductible	Premium	Policy Term
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your expiring policy a CLAIMS MADE POLICY? Yes No

If Yes, advise Retroactive Date. _____

26. Give an example of a claim that you intend to have insured under this policy.

27. Has any application for Errors & Omissions or similar insurance made on behalf of you and your firm, or present partners, owners, officers or employees ever been declined, or has any such insurance ever been canceled or refused renewal? Yes No

If Yes, give details below or attach an information sheet.

28. Have any claims, suits or proceedings been made during the past five years against any of you or 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.

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

If Yes, give details below or attach an information sheet.

30. Limit of Liability requested: _____ Deductible: _____

31. Please include with this application the following items:

- A. Current brochure or similar item describing activities or services.
- B. Most recent financial statement or annual report.
- C. Copies of standard contracts for professional or business activities.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company 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 POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.