



HOME INSPECTORS ERRORS & OMISSIONS APPLICATION

1. Name of Applicant (Company Name if applicable):
Street:
City: State: ZIP:
Telephone: () Fax Number: ()

2. Requested Effective Date: / /

3. Date Firm Established: / /

4. Contact Person:

5. Limits of Liability Requested Deductible Requested
\$100,000/\$100,000 \$500,000/\$500,000 \$1,000 \$5,000
\$300,000/\$300,000 \$1,000,000/\$1,000,000 \$2,500 Other \$

6. Has your firm name ever changed or has there been any acquisition, consolidation, dissolution, merger or change in business organization? Yes No
If yes, explain

7. Staff (Indicate Numbers)

Table with 3 columns: Staff Category, Full Time, Part Time, Years of Related Experience in Construction or Inspection Industry. Rows include Principals, Partners, Officers; Inspectors (not owner, partner or officer); Other Employees (include clerical).

8. What percentage of your work involves the subcontracting of work to others? %
Do you require independent contractors to carry their own professional liability insurance? Yes No
If yes, what limit of liability do you require? \$
If yes, do you obtain a certificate of insurance? Yes No
If you want to include coverage for subcontractors, please provide the following:
Name of subcontractor, subcontractor resume, advise type of inspections that will be performed by the subcontractor and revenues they will generate. Be sure to include their revenues in your total revenues listed in Question #9 below.

9. Provide the following information:

Table with 2 columns: Last 12 months, Next 12 months. Rows include Number of Inspections, Average Fee per Inspection, Gross Annual Revenue, Type of Building, and Percent of total revenue (Last 12 months).

Type of Inspection	Percent of total revenue
	Last 12 months
Structural	_____ %
Mechanical	_____ %
Pest	_____ %
Mold	_____ %
Safety	_____ %
Construction	_____ %
Septic/On-site Sewage	_____ %
Radon	_____ %
Lead	_____ %
Other – describe _____	_____ %
	100%

Source of Business	Percent of Total Revenue
	Last 12 months
Individual Seller	_____ %
Prospective Buyers	_____ %
Real Estate/Relocation Company	_____ %
Finance Company/Mortgage Broker	_____ %
Other, please describe _____	_____ %
	100%

10. a. What type of inspection report do you use?
 Narrative Checklist Verbal
- b. What inspection standards are used?
 ASHI NAHI FABI GAHI CREIA
 Other – describe _____
- c. Do you currently use a pre-inspection agreement when performing a home inspection? Yes No
Attach a copy of the agreement.
- d. Are the agreements signed in advance by your customer? Yes No
- e. If agreements are used less than 100% of the time, please explain _____

- f. Do you offer any warranties or guarantees? Yes No
 If yes, explain. _____

11. Are you an exclusive home inspector for any one realtor or real estate company? Yes No
 If yes, explain. _____

12. Are you a licensed real estate agent? Yes No
 If yes, do you inspect any homes which you have listed as a real estate agent? Yes No
 Does the real estate operation carry separate professional liability coverage? Yes No
13. Are you a builder, contractor or repair/remodeling contractor? Yes No
 If yes, do you provide any of these services to the same properties that you inspect? Yes No
14. Are you affiliated with any of the professional home inspection organizations? Yes No
 Check all that apply. ASHI NAHI FABI GAHI CREIA
 Other – describe _____

15. Previous coverage:
- a. Errors & Omissions
- | Policy Period | Carrier | Limits | Deductible | Premium |
|---------------|---------|--------|------------|---------|
| | | | | |
| | | | | |
| | | | | |
- Is coverage written on a claims made basis? Yes No If yes, what is the current retroactive date? _____
- b. General Liability
- | Policy Period | Carrier | Limits | Deductible | Premium |
|---------------|---------|--------|------------|---------|
| | | | | |
| | | | | |
| | | | | |
16. Have any claims (including violation of fair housing laws) been made against your firm or anyone indicated in question 7
 Yes No If yes, provide details on the attached claim supplement form.
17. Are you aware of any act, error, omission or other circumstances which might reasonable be expected to be the basis of a claim or suit against your or anyone indicated in question 7
 Yes No If yes, provide details on the attached claim supplement form.
Please attach five year company loss runs.
18. During the past five year has any insurance company declined, cancelled or refused to renew coverage for the applicant or anyone named in question #7. Yes No If yes, provide details.
19. Please provide experience resume for each inspector.
20. Please include a copy of any brochures

I/We hereby declare that the above statements and declarations are true and that I/We have not suppressed or misstated any material facts. I/We agree that any misrepresentation or misstatement of material facts may void coverage under this insurance. I/We agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application does not bind the company to provide coverage or the applicant to purchase the insurance.

APPLICANTS SIGNATURE _____ TITLE _____

PRINTNAME _____ DATE _____

Application must be signed and dated by a principal of the firm to be considered for quotation.

SUPPLEMENTAL CLAIM INFORMATION

- 1. Your name: _____
 - 2. Full name of individual involved in the claim: _____
 - 3. Full name of claimant: _____
 - 4. Date of alleged error: _____ 5: Date of claim: _____
 - 5. Additional defendants: _____
 - 6. Name of Insurer: _____
 - 7. Present status of claim:
_____ Pending _____ Closed _____ In suit
 - 8. If Closed, Total Loss Paid: _____ Expense Paid: _____
 - 9. If pending, amount asked in summons: _____ Claimant settlement demand: _____
 - 10. Defendant's offer for settlement: _____ Insurer's loss reserve: _____
 - 11. Description of claim and events, including assessment of liability if pending: _____

Allegations claim is based on: _____

 - 12. Explain what action(s) have been taken to prevent a recurrence or similar claim: _____

- Signature: _____ Date: _____