

1. Name of Applicant (Company Name if applicable): \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

2. Has your firm name ever changed or has there been any acquisition, consolidation, dissolution, merger or change in business organization? (If Yes, provide details)  Yes  No

Staff	Full Time	Part Time	Yrs of Experience
Principals, Partners, Officers			
Inspectors (not owner, partner or officer)			
Other Employees (including clerical)			

4. What percentage of your work involves 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

Breakdown of Business:	Last 12 Months	Next 12 Months
Number of Inspections:		
Average Fee Per Inspection:		
Gross Annual Revenue:		

Type of Building:	% of Total Revenue
Residential – less than 4 units:	%
Residential – over 5 units:	%
Commercial/Industrial/Office:	%
Other (describe):	%

Type of Inspection:	% of Total Revenue		% of Total Revenue
Structural:	%	Construction:	%
Mechanical:	%	Septic/On-Site Sewage:	%
Pest:	%	Radon:	%
Mold:	%	Lead:	%
Safety:	%	Other (describe):	%

Source of Business:	% of Total Revenue
Individual Seller:	%
Prospective Buyers:	%
Real Estate/Relocation Company:	%
Finance Company/Mortgage Broker:	%
Other (describe):	%

6. Risks Management/Contracts:  
 What type of inspection report do you use?  Narrative  Written  Verbal  
 What inspection standards are used? \_\_\_\_\_  
 Do you use a pre-inspection agreement when performing a home inspection?  Yes  No  
*(attach a copy of the agreement)*  
 Are the agreements signed in advance by your customer?  Yes  No  
 If agreements are not used 100% of the time, please explain? \_\_\_\_\_  
 Do you offer any warranties or guarantees?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

7. Other Services:  
 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  
 Are you a builder, contractor or repair/remodeling contractor?  Yes  No  
 If Yes, do you provide any of these services to the same properties you inspect?  Yes  No

8. General Liability Questions

Number of locations or branch offices including main office: \_\_\_\_\_

Do customers come onsite to any of these offices?  Yes  No

Do you design, manufacture or distribute any products? If yes, describe.  Yes  No

Do you have any responsibility for site safety?  Yes  No

Do you sponsor any sporting or social events?  Yes  No

Do you have any responsibility for construction, erection, fabrication or installation?  Yes  No

9. Prior Claims/Incidents:

During the past five (5) years, has any claim been made against the applicant or any director, officer, employee or partner for:

a. General liability? If yes, provide loss runs and details  Yes  No

b. Professional liability? If yes, provide loss runs and details  Yes  No

Have any claims (including violations of fair housing laws) been made against your firm or anyone to which this insurance is being applied for? If yes, provide loss runs and details  Yes  No

Are you aware of any act, error, omission or other circumstances which might reasonably be expected to be the basis of a claim or suit against you or anyone to which this insurance is being applied for? If yes, provide details.  Yes  No

10. During the past five years, has any insurance company declined, cancelled or refused to renew coverage for the applicant or anyone to which the insurance is being applied for? If yes, provide details  Yes  No

The Applicant declares that any event or occurrence that happens prior to the effective date of coverage which may cause any statement to be untrue or incomplete will be reported in writing to the insurer's representative. Further, the Applicant declares that receipt of such report by the insurer's representative is a condition precedent to coverage.

I/we hereby declare that the above particulars and statements are true and that I/we have not omitted or suppressed or misstated any material facts and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any error or omission on the part of me/us or any proposed insured and, agree that this Application Form shall be the basis of any policy of insurance which may be issued by the company and shall be deemed a part thereof; one signed copy to be attached to the policy, if issued.

THE LIMITS OF LIABILITY STATED IN THIS POLICY INCLUDE THE COST OF CLAIMS EXPENSE AND MAY BE REDUCED OR EXHAUSTED BY SUCH COSTS AND IN SUCH EVENT THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMITS OF LIABILITY OF THE POLICY. IF THERE IS A DEDUCTIBLE AMOUNT SHOWN IN THE DECLARATIONS, CLAIMS EXPENSE COSTS INCURRED IN THE DEFENSE OF ANY CLAIM WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

The Applicant hereby authorizes the Company, by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any other source, which the Company deems important in the underwriting of the insurance applied for by this application.

Arkansas Residents: 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.

It is agreed that the signature to this form does not bind the company or the Applicant to complete this insurance.

**MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE AGENCY APPLYING FOR COVERAGE.**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)