

Home Inspectors Professional Liability Application

1. Contact Information:

Name of Applicant:		Work No:	Cell No:
Street Address:		Email:	
City:	State:	Zip:	

2. Business Information

Business Name:		Years experience as a Home Inspector:		
Business Address if Different than above:		City:	State:	Zip:
Business type:	Sole Proprietor <input type="checkbox"/>	LLC <input type="checkbox"/>	Corporation <input type="checkbox"/>	Other <input type="checkbox"/>

Have you purchased, merged, changed names, or consolidated with any other Home Inspector business in the last five years? Yes No If yes, please explain:

Are you or any other proposed insured engaged in any other business or employed by any other business or organization? Yes No If yes, please explain:

List all Principals/Partners/Officers/Directors of the business entity

3. License Information and Staff

Is your business registered to do business in your home state? Yes <input type="checkbox"/> No <input type="checkbox"/>		License number:		
Are you or members of your staff licensed in any other states: If Yes, list with license #'s				
Number of Staff:	Full time	Part time	Inspectors	Other employees

4. Professional Inspection Memberships & Certifications (Check all that apply)

Is the Applicant affiliated with any of the below home inspection organizations?
ASHI NAHI FABI GAHI CRIEA Other, describe:

Do you or any members of your staff hold an Inspection Certification(s)? Describe

Do Certifications require continuing education to maintain? Yes No If Yes, Describe

5. Type of Inspection Services Offered (check each box that applies)

Structural	<input type="checkbox"/>	Pest (WDI)	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>
Radon	<input type="checkbox"/>	Pest (WDO)	<input type="checkbox"/>	Infrared	<input type="checkbox"/>
Lead/Lead Based Paint	<input type="checkbox"/>	Mold (Swab)	<input type="checkbox"/>	Noise	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Mold (Petri Dish)	<input type="checkbox"/>	Safety	<input type="checkbox"/>
Indoor Air Quality	<input type="checkbox"/>	Public Water Wells	<input type="checkbox"/>	Private Water Wells	<input type="checkbox"/>
If you provide any other Inspection Services please describe:					

6. Annual Inspection Information

No. of RESIDENTIAL inspections conducted:	Current Yr.	Last Yr.	Prior Yr.
Gross Annual RESIDENTIAL Revenue	Current Yr.	Last Yr.	Prior Yr.
No. of COMMERCIAL inspections conducted:	Current Yr.	Last Yr.	Prior Yr.
Gross Annual COMMERCIAL Revenue	Current Yr.	Last Yr.	Prior Yr.

7. Revenue Percentage by Construction Type Last 12 months (should equal 100%)

Existing Construction	Residential	%	Commercial	%	Industrial	%	Total	%
New Construction	Residential	%	Commercial	%	Industrial	%	Total	%

8. Indicate the % of Gross Income Derived from Each Construction Type?

Residential Home Inspections – less than 4 units	%	Insurance Inspection – Commercial Lines	%
Residential Home Inspections – more than 4 units	%	Insurance Inspection – Personal Lines	%
Commercial / Industrial Inspection	%	Other, Describe?	%

9. Percentage of Your Revenue by Referral Agency (should equal 100%):

Individual Seller	%	Individual Buyer	%	Real Estate Company	%
Finance Company	%	Insurance Company	%	Relocation Company	%
Mortgage Company	%	Construction Company	%	Other (Describe below)	%
Describe:					
Are you an exclusive home inspector for any one realtor or real estate company? If Yes, Describe					
Does any one client represent more than 15% of annual revenue? If Yes, Describe					

10. Business Affiliations

Does the applicant or any business partner, officer, owner, director, franchise company or employee operate as: Builder, contractor, repair company, remodeling company, or sell materials or furnish any type of product or service, other than Inspection Services to the home or business?	
If Yes, Describe	
Have you or your partners, officers, owners, principals, directors, franchise company, employees, entered into any hold harmless agreements? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, attach agreements showing entities being held harmless	
Are you a licensed real estate agent? (Complete if any Insured has a Realtors License)	Do you inspect homes which you have listed as a real estate agent? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you or the real estate company you are with carry separate Real Estate E&O insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Who is the Insurance Carrier

11. Subcontractors

What percentage of work is sub-contracted out to others? % (Complete if subcontractors are used)	Are subs required to carry their own E&O insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, are Certificates obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do subs name you / your company as an Additional Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>

12. Home Inspection Agreements (complete if one is used)

Do you use a Home Insurance pre-inspection agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, is it: Handwritten <input type="checkbox"/> Verbal <input type="checkbox"/> Typed <input type="checkbox"/>		
Does the Agreement have a checklist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are they used 100% of the time?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are agreements signed by your customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, explain:	
Has an attorney reviewed your Agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you offer a written warranty? If Yes, attach a copy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you take digital photos of your Inspections?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, is the date and time shown on the picture? Yes <input type="checkbox"/> No <input type="checkbox"/>	

13. Prior Professional Liability Coverage

	<u>Carrier</u>	<u>Limits</u>	<u>Deductible</u>	<u>Claims Made ?</u>	<u>Retro Date</u>	<u>Premium</u>
Current Year (in-force)		\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$
Previous Year		\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$
Prior Year		\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$

If any retroactive dates apply please provide dates

Have you or the business entity applying for coverage ever been sued under Professional E&O? Yes No

If Yes, describe

Have you or the business entity applying for coverage ever been denied Professional E&O coverage or had such coverage cancelled? Yes No If Yes, describe

Are you aware of any professional services performed by you or this business entity that could lead to a potential E&O Claim?

Yes No If Yes, describe

14. Prior Errors & Omissions Information

Has the Applicant or others who may become insured's under this application ever been sued under Professional E&O? Yes

No If Yes, describe

Does the Applicant or others who may become insured's under this application have any knowledge of an act they committed that could lead to a potential E&O Claim? Yes No If Yes, describe

Has the Applicant or others who may become insured's as part of this application ever been subject to disciplinary action by any state licensing board, court, regulatory authority, professional organization, or had their license revoked or suspended?

Yes No If Yes, describe

15. Limits of Professional Liability Errors & Omissions Requested *(Each Claim/Aggregate)*

<u>100,000/\$300,000</u> <input type="checkbox"/>	<u>250,000/\$500,000</u> <input type="checkbox"/>	<u>300,000/\$600,000</u> <input type="checkbox"/>	<u>1,000,000/\$1,000,000</u> <input type="checkbox"/>
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16. Please submit the following information with the Application:

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| <ul style="list-style-type: none">• Resume of key personnel providing services• Marketing materials• Five year currently valued loss runs• Copy of inspection agreement• Copy of warranties | <ul style="list-style-type: none">• Copy of sample report• Copy of any hold harmless agreements• Copy of membership certificate for national or state organization• Copy of state license if applicable |
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