



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

\$100,000/\$100,000

\$300,000/\$300,000

\$500,000/\$500,000

\$1,000,000/\$1,000,000

Deductible Requested

\$5,000

\$10,000

\$25,000

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)

	Full Time	Part Time	Inactive
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:

	Last 12 months	Next 12 months
Number of Inspections	_____	_____
Average Fee per Inspection	_____	_____
Gross Annual Revenue	_____	_____

Type of Building

Percent of total revenue

Residential – less than 4 units

Last 12 months

_____%

Residential – over 4 units

_____%

Commercial/Industrial/Office

_____%

Other – please describe _____

_____ % 100%

Type of Inspection	Percent of total revenue
	Last 12 months
Structural	%
Mechanical	%
Pest	%
Mold	%
Safety	%
Construction	%
Septic/On-site Sewage	%
Radon	%
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: