

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 <input type="checkbox"/>	NAHI <input type="checkbox"/> FABI <input type="checkbox"/> GAHI <input type="checkbox"/> CRIEA <input type="checkbox"/> Other, describe:
Do you or any members of your staff hold an Inspection Certification(s)? Describe	
Do Certifications require continuing education to maintain? Yes <input type="checkbox"/> No <input type="checkbox"/> 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.
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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 No 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 No

Do you or the real estate company you are with carry separate Real Estate E&O insurance? Yes No 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"/>
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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)

100,000/\$300,000 250,000/\$500,000 300,000/\$600,000 1,000,000/\$1,000,000

16. Please submit the following information with the Application:

- Resume of key personnel providing services
- Marketing materials
- Five year currently valued loss runs
- Copy of inspection agreement
- Copy of warranties
- 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

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING

COLORADO FRAUD STATEMENT - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD STATEMENT - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD STATEMENT - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII FRAUD STATEMENT – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

KENTUCKY FRAUD STATEMENT - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE FRAUD STATEMENT - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NEW JERSEY FRAUD STATEMENT – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD STATEMENT - any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK FRAUD STATEMENT – 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD STATEMENT - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD STATEMENT – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD STATEMENT - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

PENNSYLVANIA FRAUD STATEMENT - 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.

TENNESSEE, VIRGINIA, WASHINGTON FRAUD STATEMENT - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT (All other states) - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I understand and agree that this Application and any and all supplements attached hereto will be made a part of any policy issued, and any such policy will be issued in reliance upon the representations made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application or the denial of claims submitted under the policy.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the Company providing insurance coverage and its affiliates and its affiliated partners and their employees any documents, records or other information bearing upon the foregoing.

I understand and agree these investigations will not be confined to information submitted in this Application, but may include other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that Applicant has not intentionally withheld any information that might influence the judgment of the Company in considering this Application.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

APPLICANT SIGNATURE: _____

PRINT NAME:

TITLE:

Authorized Representative

DATE: