



Home Inspectors Errors and omissions application.

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Application for Coverage

APPLICATION FOR INSPECTION SERVICES ERRORS & OMISSIONS INSURANCE APPLICATION INSURANCE THE COVERAGE AFFORDED BY A POLICY, IF ISSUED, WILL BE ON A "CLAIMS MADE" BASIS.

PLEASE FULLY COMPLETE EACH QUESTION, CIRCLE THE CORRECT RESPONSE WHEN A QUESTION ASKS "YES" OR "NO" AND ATTACH ADDITIONAL INFORMATION IF REQUIRED

Company Name _____

Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Web Address _____

E-mail _____

Year Established _____ How many Inspectors are to be _____ covered by this policy? (not support staff)

Form Of Business _____ Proposed Effective Date of Policy _____

2) Is your Business a Franchise? _____ If Yes, Franchise company _____

3) Is the Applicant or any other proposed insured

a) Owned by, controlled by or act as a Director or Officer of any other business or organization?	Yes	No
If Yes, Explain on a separate document		

b) engaged in any other business or employed by any other business or organization?	Yes	No
If Yes, Explain on a separate document		

If YES, what percentage of inspection services are performed for such Please explain business(es)?

4) In the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant? If Yes, Explain on a separate document

5) Please detail the number of partners and staff

	<u>Full Time</u>	<u>Part Time</u>
Principals/Partners/Inspectors (owners)		
Professional Staff /Inspectors (non-owners)		
Other Employees (helper/apprentices)		

6) Please detail the following for all owners, officers, directors, partners and inspectors: O=Owner E=Employee IC= Independent Contractor

7) Inspections by year	Gross Revenue	# of Inspectors	Total Inspections
Next 12 Months			
Last 12 Months			
12 to 24 Months ago			

8) What was the Applicant's largest fee for an individual inspection job ever done

What type of inspection was it?

What is your average fee?

9) Do you take pictures during your inspection? Yes No How

many _____ 10) What type of inspection report does the Applicant use? (Select all that apply)

NARRATIVE VERBAL CHECKLIST Computer Program All Apply

10b) If yes to a computer, which program do you use

10c) Do you have a customer service follow up program in place Yes No

11) What inspection standards are used

12) Is the Applicant affiliated with any professional home inspection organizations? If yes, please list Yes No

13) Please list the states where the Applicant performs inspection services:

14) Indicate the types of inspections performed and the percentage of gross income derived from each-

<u>Type</u>	<u>%</u>
Residential home inspection – less than 4 units	
Residential home inspection – over 4 units	
Industrial/Restaurant	
Soft Commercial (retail, business parks, office buildings)	
Wind Mitigation	
Bank/Draw Inspections	
Radon	
Pest/WDO/WDI/Termite	
Lead	
Code	
Mold/Indoor Air Quality	
Septic/Sewer	
Pools/Spa's	
EIFS/STUCCO	
Green Certification	
Energy Audits	
Water Quality Testing	
Other 1	
Other 2	
Total	

15) Indicate the percentage of inspections performed for the following types of clients

<u>Type of Client</u>	<u>% of Inspections</u>
Individual purchasers	
Mortgage lenders	
Municipalities	
Governmental agencies including, but not limited to HUD and FHA	
Other (please specify)	

- 16) Is the Applicant a licensed real estate agent? Yes No
 If Yes, Do you inspect any homes that you have listed as a real estate agent?
 Does the real estate operation carry separate professional liability coverage? Yes No
- 17) Is the Applicant an exclusive home inspector for any one Realtor or real estate company: Yes No
 If Yes, please explain
- 18) Does the Applicant currently offer estimates or do repair work on properties Yes No
 you have inspected? Please explain If Yes, please explain
- 19) Does the Applicant use a pre-inspection agreement when performing home inspection? If Yes, is the agreement signed in advance by your customer? Yes No
 Please include a copy with your application
- 20) Does the Applicant offer warranties or guarantees of any type? Yes No
 If Yes, Please furnish details.
- 21) Does the Applicant: Yes
 a) Have an in-house office policy/procedures manual in place? Yes No
 b) Use a contract for services or letter of engagement for all clients Yes No
 c) Require professionals to attend continuing education classes? Yes No
 d) Use an in-house counsel, counsel on retainer and/or risk manager? Yes No
 e) Perform audits of work performed by each professional? Please explain Yes No
 If YES, how often?
- 22) Does the Applicant hire subcontractors? Yes No
 If YES:
 a. What percentage of gross income is performed by subcontractors:
 b. What type of work do subcontractors perform?
 c. Do you review the work performed by subcontractors? Yes No
 d. Do you verify the qualifications of subcontractors? Yes No
 e. Are any services performed by subcontractors outside of the U.S.A.? Yes No
 f. Are subcontractors required to have their own E&O insurance? Yes No
- 23) Has the Applicant or any other proposed insured been involved in or have knowledge of any disciplinary or investigative action or license revocation by any local, state or federal licensing board, court, regulatory authority or professional association? Yes No
 If YES, please give full details
- 24) Has the Applicant carried Professional Liability Insurance previously under the existing name or any predecessor in business? Include current Declarations page with your application) Yes No

Insurer	Limits	Ded	Prem	Period
_____	_____	_____	_____	_____
Insurer	Limits	Ded	Prem	Period
_____	_____	_____	_____	_____
Insurer	Limits	Ded	Prem	Period
_____	_____	_____	_____	_____

Is the Applicant's expiring policy issued on a CLAIMS MADE basis? Yes No

If YES, please provide the Retroactive Date of the expiring policy.

Not the current years start date, Retro-active date is the start date that you started continuous and unbroken e and o coverage from then until now

25a) In the past 5 years, has any application for this type of insurance completed by the Applicant or any other predecessor in business been declined? Or has any insurance of this type been cancelled, non-renewed, or refused? If yes, please explain on a separate Sheet for each incident or circumstance

Yes No

25b) In the past 5 years, has any CLAIM been made against the Applicant or any of their past or present owners, officers, partners, directors or employees either individually or otherwise for professional services?

Yes No

If YES, please complete the Claim/Incident/Circumstance Information Sheet for each claim

25c) Is the Applicant or any other person proposed for insurance aware of any incident or circumstance which may result in a CLAIM being made against the Applicant or any past or present owners, partners, officers, directors, employees or predecessors in business?

Yes No

If YES, please complete the Claim/Incident/Circumstance Information Sheet for each claim

26) Limit Options: Professional Liability (Errors & Omissions) Coverage:

\$100,000/\$300,000	\$250,000/\$500,00	\$300,000/\$300,000	\$300,000/\$600,000
\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000	
Deductible			
\$1,000	\$2,500	\$5,000	\$10,000
\$15,000	\$25,000	\$50,000	

28) Please select any additional coverages that you might want.

- | | |
|---|------------------------|
| Referral | Code |
| Pool and Spa | Mold |
| Washington State 2-Year ERP | Radon |
| General Liability/Premises Liability | WDO/WDI/ |
| Detection of Water and Moisture | Pest Industrial |
| Additional Insured for Franchises | Thermography |
| Lead | EIFS/Stucco |
| Septic/Sewer Line | Drones |

The signer of this application, authorized and acting on behalf of all Insureds declares that all statements and information provided by the Insureds is true, complete and accurate. It is agreed that this application is the basis of and becomes a part of the policy, should a policy be issued.

The signing of this application does not require the signer to purchase insurance, nor does the review of this application require the Insurer to issue a policy. Also, please do not forget to Fax/E-mail a copy of your pre-inspection agreement and Declarations Page of your current policy (if applicable). The Fax number is 202-478-0856 Thanks again, you will be hearing from us shortly.

Signed _____

Title _____ Date _____

Before submitting, please print this document for your records.
Thank you for the chance to earn your business.

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If you have any questions, please call John Remark
at 202-465-4306 or e-mail him at john@homeinspectorliability.com

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This sheet is to be completed by an Applicant who has been involved in: a) any claim or suit in the past 5 years or b) who is aware of any incident or circumstance which may result in a claim. Please complete a separate sheet for each. Answer all questions fully. An Owner, Partner or Senior Officer must sign and date each sheet in addition to the application.

1) Is this a CLAIM _____ INCIDENT _____ CIRCUMSTANCE _____

2) Name of firm: _____

3) Name(s) of individual(s) of firm involved in claim/incident/circumstance: _____

4) Name of Claimant: _____

5) Date of alleged claim/incident/circumstance: _____ 6) Date claim made (if applicable): _____

7) Name of Insurer (if applicable): _____

8) Present status of claim (if applicable): PENDING _____ IN SUIT _____ CLOSED _____

If closed: Total indemnity paid: _____ Total expenses paid: _____

10) If pending:

Amount asked in summons: _____

Claimant's settlement demand: _____

Defendant's settlement offer: _____

Insurer's loss reserve: _____

Expenses paid to date: _____

11) Detailed description of claim/incident/circumstance:

12) Allegations upon which the claim/incident/circumstance is based: _____

13) Actions taken to prevent a reoccurrence or similar claim/incident/circumstance: _____

Signed: _____ Title: _____ Date: _____