



HOME INSPECTORS INSURANCE

Errors and Omissions Insurance Application

Provided By



Home Inspectors Errors and Omissions Insurance Application

All states except Alaska, Louisiana or West Virginia

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. COVERAGE IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

Application Instructions:

1. Please complete the application in ink or use Adobe fill-in form if available.
2. If additional space is needed, please use your firm's letterhead.

1. GENERAL INFORMATION

a. **NAME OF APPLICANT:** (include the complete name of any agency, firm, franchisee operation or DBA's under which you operate): _____

(Please attach a separate sheet if additional space is needed to list all entities in which you are applying for coverage.)

PRINCIPAL STREET ADDRESS (No P.O. Box): _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

WEBSITE: _____ CONTACT NAME: _____

b. Has there been any change in name, ownership or operation within the past two years or do you anticipate such changes within the next year? Yes No. If "Yes", please explain including the effective date: _____

c. Date Established? ____/____/____ If less than 3 Years, please submit resume for all owners/officers.

d. Applicant is a(n): Individual or Independent Contractor Partnership Corporation Other _____

e. Is the applicant owned by, controlled by or affiliated with any other person or business entity or does the applicant own or control any other business entity? Yes No. If "Yes", please provide details (including name): _____

f. Are you a franchise operation? Yes No
If "Yes", is the applicant firm independently owned and operated? Yes No Franchise name: _____

2. STAFF

a. **EMPLOYED STAFF:** Total staff count: _____

List all Home Inspectors at your firm (attach separate sheet, if necessary)

Name (please identify owner(s) of the applicant firm)	Check if licensed	Date first licensed (If not licensed, date began offering inspection services)	Check if Part-time (Less than 40 hours/week)
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Do you employ any staff other than home inspectors or administrative/support staff? Yes No
If yes, please provide details: _____

b. INDEPENDENT CONTRACTORS:

1. Do you utilize independent contractors to perform home inspections in your business? Yes No
2. Do you require independent contractors to carry their own E&O insurance with limits at least equal to your E&O policy? Yes No
3. If Yes to 1 above, are you seeking coverage under your E&O insurance for independent contractors? Yes No
If yes, please list all Independent Contractor Home Inspectors at your firm (attach separate sheet, if necessary)

Name	Check if licensed	Date first licensed (If not licensed, date began offering inspection services)	% of applicant's revenue derived from each IC
	<input type="checkbox"/>		_____%
	<input type="checkbox"/>		_____%
	<input type="checkbox"/>		_____%

3. OPERATIONS

a. Business Practices

- 1) Do you perform repair/remodel work on properties you inspect? Yes No
- 2) Do you perform any inspections outside of your state of residence or outside of the U.S.? Yes No
 If yes, please list states and % of revenue derived from each state/country: _____
- 3) Do you use report generating software? Yes No
Software used: _____
- 4) Are photographs included in all your reports? Yes No
- 5) Type of report used Checklist Written Verbal
- 6) Is a written inspection report provided to each inspection client? Yes No
- 7) Do you have a written policy and procedures manual? Yes No
- 8) Do you have a written training manual or continuing education requirements? Yes No
- 9) Do you perform inspections for historical/landmark properties? Yes No
 If yes, please list % of revenue derived from historical/landmark property: _____

b. Are you a member of any of the following professional organizations?

- International Association of Certified Home Inspectors (InterNACHI) Yes No
- American Society of Home Inspectors (ASHI) Yes No
- National Society of Home Inspectors (NSHI) Yes No
- Other: _____

c. Do you obtain a signed and dated pre-inspection agreement prior to starting each inspection? Yes No

The pre-inspection agreement is initially delivered to the client for review and signature:

- at least 24 hours before the inspection at the time of the inspection
 other (explain) _____

Was the pre-inspection agreement provided to you by a professional association or franchisor? Yes No

If not, please provide the source: _____

Note: The policy requires a pre-inspection agreement be signed prior to the performance of the inspection identifying the premises and the inspection services to be performed.

d. While home inspectors utilize knowledge of building codes, are any inspections performed to verify compliance with regulatory or governmental codes or ordinances? Yes No

If Yes, please describe the nature of the code compliance inspections provided: _____

e. Does the applicant firm or any member of the applicant firm provide any services other than real estate inspections? Yes No

This would include but is not limited to any loss control, safety inspections, lead or mold abatement, termite or pest control, electrical, plumbing or other repair, remediation or trade services. If "yes", please provide a description including the name of the entity these services are provided under: _____

f. Does the applicant provide recommendations or referrals to tradesmen for repair or remediation services? Yes No

If "yes", please provide details: _____

4. GROSS REVENUE and AREAS OF PRACTICE

Please complete the following grid providing the applicant's gross revenue from all services offered. If newly established, please provide projections. Gross revenue is defined as all fees before expenses or any fee splits with inspectors.

a.

INSPECTION SERVICES	Last 12 Months		Projected Next 12 Months	
	\$ Gross Income	# of Inspections	\$ Gross Income	# of Inspections
RESIDENTIAL PROPERTIES				
Single-family residences, Apartments/condos	\$		\$	
Other: Please describe:				
COMMERCIAL PROPERTIES				
Check the types of Commercial Properties <input type="checkbox"/> Apartments/condos <input type="checkbox"/> Offices <input type="checkbox"/> Mercantile/Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Restaurants <input type="checkbox"/> Other: Describe: _____ _____	\$		\$	
TOTALS:	\$		\$	

b. Do you specialize in any specific type of inspections or types of property inspected? Yes No
 If Yes, describe specialty: _____

c. Does any single client represent more than 15% of the applicant's gross annual revenue? Yes No
 If Yes, please provide details: _____

d. If you have provided inspection services on any commercial property greater than 40,000 square feet over the last 12 months, please list below.

Type of Client <i>(e.g. buyer, seller)</i>	Type of Property	Square Footage	Inspection Services provided <i>(e.g. general, mold, lead)</i>

e. Please break down revenue (past 12 months) from the following sources of business:

Type of Client	Percentage of Revenue
Individual Seller	%
Individual Buyer	%
Real Estate Agency	%
Investors/Investment Company	%
Builder or Developer	%
Lender/Mortgage Broker	%
Regulatory or Governmental Entities	%
Other, describe:	%

5. LIMITS, DEDUCTIBLES AND OPTIONAL EXTENSIONS OF COVERAGE

a. LIMITS OF LIABILITY:

- \$100,000/\$300,000
 \$250,000/\$250,000
 \$ 500,000/\$500,000
 \$ 500,000/\$1,000,000
 \$1,000,000/\$1,000,000
 Other _____

b. DEDUCTIBLE:

- \$1,500
 \$2,500
 \$5,000
 Other \$_____

c. EXTENSIONS OF COVERAGE: If coverage is requested with respect to additional/ancillary inspection services listed below, please complete the required additional information. NOTE: Coverages are subject to underwriting approval.

Inspection Service	Check if coverage is requested	Limits Requested <i>(Cannot be greater than the policy limit)</i>	Number of inspections annually?	Is applicant licensed or certified?	Number of years' experience providing this type of inspection?
Premises Only General Liability	<input type="checkbox"/>	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	N/A	N/A	N/A
Termite/Wood Destroying Organisms	<input type="checkbox"/>	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Fungus/Mold	<input type="checkbox"/>	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lead Paint	<input type="checkbox"/>	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Septic/Water Quality	<input type="checkbox"/>	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Wind Mitigation	<input type="checkbox"/>	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
203k or Construction Draw Inspections	<input type="checkbox"/>	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Bulkhead, Seawall or Dock	<input type="checkbox"/>	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Please provide details on license/certification or additional training on any of the above listed inspection services where coverage is requested.

6. CLAIMS INFORMATION

ANSWER THE FOLLOWING QUESTIONS ONLY AFTER INQUIRING OF EACH OWNER, OFFICER, MEMBER, EMPLOYEE AND INDEPENDENT CONTRACTOR.

PLEASE NOTE: Failure to report to your current insurance company any claim made against you during your current policy term, or facts, circumstances or events which could give rise to a claim against you BEFORE the expiration of your current policy term may jeopardize your coverage. This policy will not apply to any claim which any person proposed for this insurance knew of prior to the effective date of the policy. This policy also will not apply to any claim if any person proposed for this insurance knew prior to the effective date of the policy of an act, error or omission which could be the basis of a claim.

- a. Has any of the above referenced persons or the applicant been subject to a felony conviction, license surrender or been subject to any investigation, license revocation, suspension or other disciplinary action by any licensing board, real estate association, or other regulatory body within the past 5 years? Yes No

*Please submit a **BOARD INVESTIGATION AND CLAIM SUPPLEMENTAL APPLICATION** for each incident or event, along with a copy of the initial board complaint, your written response to the board and the final ruling.*

- b. Has any similar Errors and Omissions Insurance policy written on behalf of the firm, its partners, owners, officers, or on behalf of the firm's predecessors in business, ever been declined, canceled, or refused renewal within the past 5 years? Yes No
If "Yes", please provide details, including the date, carrier and reason. **NOT APPLICABLE IN MISSOURI**

- c. After inquiring, have any claims been made against the applicant or any of the aforementioned persons within the past five (5) years? Yes No

*Please submit a **BOARD INVESTIGATION AND CLAIM SUPPLEMENTAL APPLICATION** for each claim.*

- d. After inquiring, are any of the aforementioned persons aware of any act, error, omission, personal injury, fact, circumstance, situation or incident which could be a basis for a claim? Yes No

*Please submit a **BOARD INVESTIGATION AND CLAIM SUPPLEMENTAL APPLICATION** for each incident or event.*

7. INSURANCE HISTORY

PRIOR INSURANCE HISTORY: Provide the following information on all Home Inspectors Errors and Omissions Insurance carried by the firm for the past five (5) years. **If no insurance was in effect for any year, please indicate "none" where applicable.**

POLICY PERIOD from / to	INSURANCE COMPANY	LIMITS OF LIABILITY Per Claim/Aggregate	DEDUCTIBLE	PREMIUM
-				
-				
-				
-				
-				

- a. Has your firm purchased Extended Reporting Period coverage in the past from any carrier? Yes No
If "Yes", please provide the date purchased and carrier you purchased it from: _____.

b. **DESIRED EFFECTIVE DATE:** _____
month/day/year

c. **RETROACTIVE DATE:** _____

Attach a copy of your current policy Declarations Page and any endorsement that shows your current retroactive coverage date.

NOTE: Retroactive coverage (i.e. prior acts) will not be provided without proof of existing retroactive coverage.

- d. If the firm has current coverage in force, does such coverage contain any endorsements that exclude or limit coverage under the policy? Yes No

If "Yes", please provide a copy of all such endorsements.

The following fraud notices supersede any others that may appear in any Application or Application Supplement:

FRAUD WARNINGS

FRAUD WARNING: 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.

ALABAMA, ARKANSAS, AND RHODE ISLAND FRAUD WARNING: 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.

COLORADO FRAUD WARNING: 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. In Colorado, 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.

D.C. FRAUD 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 WARNING: 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.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

KENTUCKY FRAUD WARNING: 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 WARNING: 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 denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY FRAUD WARNING: 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 WARNING: 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 WARNING: 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 WARNING: Any person who, with the 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 APPLICANTS: 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 WARNING: 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 may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA FRAUD WARNING: 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 FRAUD WARNING: 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.

VIRGINIA AND WASHINGTON FRAUD WARNING: 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.

I declare that the information provided in this application is true and accurate to the best of my knowledge, I have not withheld or misrepresented any material facts, and I will notify the company if the information on this application changes between the date of this application and the effective date of any insurance provided. I agree that completion of this application does not bind the company to issue a policy or bind the applicant to purchase the insurance. I further agree that this application shall be the basis of the contract and will attach to the policy of insurance should a policy be issued.

Name and Title: _____ Signature: _____ Date: _____

Please note that the application must be signed and dated by an owner or officer of the applicant.

For Florida Agents Only:

Insurance Agent or Producer's Name: _____ License Number: _____

For Iowa and New Hampshire Agents Only:

Insurance Agent or Producer's Name: _____

Insurance Agent or Producer's Signature: _____

Reminder: Based on the application, please include the following with your application:

- **A copy of the applicant's pre-inspection agreement.**
- **Copies of your home inspector licenses, where state requires licensing.**
- **A copy of your current E&O Declarations Page and expiring endorsement list.**
- **If less than 3 years in business, resumes of the applicant's principals or key personnel.**
- **Copies of loss runs for the past 5 years.**
- **Board Investigation and Claim Supplemental Application if answered "Yes" to questions 6a, 6c or 6d above.**
- **Any additional details required based on your responses.**