



PROFESSIONAL HOME INSPECTION SERVICES PROFESSIONAL LIABILITY APPLICATION

CLAIMS-MADE WARNING FOR APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

APPLICATION INSTRUCTIONS

Whenever used in this Application, the term you or your(s) or the Applicant shall mean the Named Insured and all subsidiaries, unless otherwise stated.

GENERAL INFORMATION:

1. Name of Applicant (full legal name of your Home Inspection company including any aliases):

2. Year business was established :

3. Business Type: Sole Proprietorship Partnership Corporation LLP LLC Other*
*explain

4. Mailing Address of Applicant/Telephone/Fax Number/E-Mail/Website:

Please list additional locations on a separate page.

5. Is the Applicant a franchisee? Yes No
If Yes, please provide the full legal name of the franchisor:

6. Are there any other business locations? Yes No
If Yes, please provide details:

7. During the past 5 years has the name or ownership of the Applicant changed or has there been an acquisition, merger, consolidation or other changes? Yes No
If Yes, please provide details:

8. Is the Applicant owned by, controlled by or affiliated with any other entity or does the Applicant own or control any other firm? Yes No
If Yes, please provide details:

9. Do you have any subsidiaries for which coverage is requested? Yes No
If Yes, please complete the schedule below.

Subsidiary Information

<i>Name</i>	<i>% Owned</i>	<i>Year Started</i>	<i>Description of Operations</i>	<i>Entity Type*</i>

**Entity Types: FP=For-Profit (other than Partnership) NP=Non-Profit GP=General Partnership LP=Limited Partnership LLC=Limited Liability Company To enter more information, please attach a separate page to the application.*

IMPORTANT: It is understood and agreed that coverage is not provided for subsidiaries in Question 8, unless the information requested above is provided.

10. Effective date requested: _____

11. Please complete the following information for the current year:

<i>Staff</i>	<i>Full Time</i>	<i>Part Time</i>
<i>Home Inspectors</i>		
<i>Non-professionals</i>		

12. For Independent Contractors: Please provide the following additional information for each Independent Contractor.

<i>Name</i>	<i>Does inspector work exclusively for the applicant firm?</i>	<i>How many hours per week does the inspector work for the applicant firm?</i>	<i>Does inspector have professional liability insurance coverage with limits the same as or higher than applicant carries?</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Are all home inspectors licensed and/or certified (where required)?
 Yes No

If "No", please explain: _____

14. Are all mold inspectors licensed (where required)? Yes No

If "No", please explain: _____

15. Are all mold inspectors certified (where required)? Yes No

If "Yes", what organization(s): _____

16. Has Applicant, Applicant's firm or any of Applicant's staff ever had a license revoked, suspended or been formally reprimanded, or been the subject of any other disciplinary action? Yes No

If "Yes", please provide details: _____

17. Does the Applicant or any other firm member hold other professional licenses? Yes No
 If "Yes", please provide details: _____

18. Estimated annual revenue:

	Current Year		Most Recently Completed Fiscal Year	
	Income	Number of Inspections	Income	Number of Inspections
Residential 1-4 units	\$		\$	
Residential over 4 units	\$		\$	
Commercial	\$		\$	
Other (please explain)	\$		\$	
Total	\$		\$	

19. Sources of annual income (percentages of total):

Individual Residential & Commercial Seller/Buyer:	%
Lender & Mortgage Company:	%
Property Developer & Builder:	%
Other (explain):	%

20. Does any single client represent more than 25% of the Applicant's gross revenue? Yes No
 If "Yes", please provide details: _____

21. Is Applicant the exclusive inspector for any real estate agency, developer, and/or builder? Yes No
 If "Yes", please provide details: _____

22. Is there a pre-inspection agreement signed prior to each inspection? Yes No
 If "Yes", please attach a sample.

23. What type of inspection report is used? (Check all that apply)
 Narrative Checklist Verbal

22. What type of computer software does Applicant use to generate reports? : _____

23. Does Applicant include photographs with all reports? Yes No
 If "No", please provide details: _____

25. To what professional associations does the Applicant belong? : _____

If "None", does Applicant participate in a formal risk management or continuing education program?
 Yes No

If "Yes", what program(s): _____

26. Is a procedure manual with Standard Operating Procedure used, trained in accordance with, and adhered to?
 Yes No
 Provide Description:

CURRENT INSURANCE INFORMATION

27. (Not Applicable In Missouri) Within the last five years, has any similar insurance for the firm, its predecessors or any inspector included in this application been declined, non-renewed or canceled?

* Yes * No
 *Question Not Applicable in Missouri

If "Yes", please provide full details: _____

28. Is your firm currently insured for professional liability? Yes No

If "No": Any policy issued will be effective no earlier than the date your agent receives your completed and signed application and premium payment.

If "Yes": Current Carrier: _____
 Current policy expiration date: _____

29. Does your current policy have a prior acts limitation or retroactive date? Yes No

If "Yes", please indicate date: _____ or FPA (Full Prior Acts) / None

Please provide a copy of your current policy declarations including any endorsement showing your retroactive date(s) as evidence of your firm's continuous coverage.

29. Inception date of firm's first claims made policy, maintained without interruption to date: _____

30. Has the firm purchased an Extended Reporting Period under any Professional Liability insurance policy? Yes No

If "Yes", please provide details: _____

31. Please provide the following information regarding the Applicant's most recent insurance policies. If no coverage is currently in force please indicate with a N/A.

Insurance Carrier	Expiration Date	Limit of Liability	Deductible	Premium
	<<mm/dd/yyyy>>	\$ /\$	\$	\$
	<<mm/dd/yyyy>>	\$ /\$	\$	\$
	<<mm/dd/yyyy>>	\$ /\$	\$	\$
	<<mm/dd/yyyy>>	\$ /\$	\$	\$
	<<mm/dd/yyyy>>	\$ /\$	\$	\$
Retroactive Date:	<<mm/dd/yyyy>>	<i>(This is the date the Applicant first purchased claims made coverage that has been continuously in-force without interruption.)</i>		

32. Indicate limits of liability and deductible(s) requested:

Limits Of Liability Per Claim / Aggregate (You may check more than one)

- \$100,000 / \$100,000
- \$100,000 / \$300,000
- \$250,000 / \$250,000
- \$250,000 / \$500,000
- \$1,000,000 / \$2,000,000
- \$300,000 / \$300,000
- \$500,000 / \$500,000
- \$500,000 / \$1,000,000
- \$1,000,000 / \$1,000,000

Deductible (You may check more than one)

- | | | | | | |
|--------------------------|---------|------------|--------------------------|----------|------------|
| <input type="checkbox"/> | \$0.00 | Each claim | <input type="checkbox"/> | \$5,000 | Each claim |
| <input type="checkbox"/> | \$1,000 | Each claim | <input type="checkbox"/> | \$10,000 | Each claim |
| <input type="checkbox"/> | \$1,500 | Each claim | <input type="checkbox"/> | \$25,000 | Each claim |
| <input type="checkbox"/> | \$2,500 | Each claim | <input type="checkbox"/> | \$50,000 | Each claim |

33. Please indicate if you are requesting any of the optional program coverages below.

By answering "Yes" to licensed/certified below, you are confirming that you have such licensing/certification. We will rely upon such statements in our determination to offer optional program coverages. Licensing/certification is a condition precedent to coverage. We may request proof of licensing/certification at any time.

203(k) Inspection and Consulting	Yes	No
If "Yes": Are you licensed/ certified by HUD?	Yes	No
Bulkhead, Seawall or Dock Inspection	Yes	No
If "Yes": Are you licensed /certified?	Yes	No
Draw Inspection	Yes	No
If "Yes":		
Are you licensed /certified?	Yes	No
Do you perform such services on commercial properties?	Yes	No
Do you perform such services for any parties in which you have an affiliation(s)?	Yes	No
Lead Paint Inspection	Yes	No
If "Yes": Are you licensed /certified?	Yes	No
Mold Inspection	Yes	No
If "Yes": Are you licensed /certified?	Yes	No
Pool or Spa Inspection	Yes	No
If "Yes": Are you licensed /certified?	Yes	No
Septic or Water Testing Inspection	Yes	No
If "Yes": Are you licensed /certified?	Yes	No
Termite and Wood Destroying Insect Inspection	Yes	No
If "Yes": Are you licensed /certified?	Yes	No
Unmanned Aircraft Inspection	Yes	No
If "Yes":		
Are you licensed/certified?	Yes	No
Please explain risk management in place to prevent claims (contract, etc.)		

33. Specific Coverage Requested:

- Additional Limit for Claim Expenses
- Exterior Insulation Finish Systems (EIFS) Inspections
- Green Building Inspections
- Infrared Thermal Inspections
- Lead Paint Inspections
- Mold Inspections
- Pool and Spa Inspections
- Premises Liability
- Radon Inspection Liability
- Referral
- Septic Inspections
- Termite / WDI Liability
- Water and Air Quality Testing
- Wind Mitigation Inspections

34. Does the Applicant's current policy have any endorsements or exclusions or coverage limitations tailored specifically to the Applicant? Yes No

If "Yes", please provide details: _____

LOSS INFORMATION

35. Within the past 5 years has Applicant given notice of any claim, circumstance or potential claim to any insurer under any insurance coverage referred to above? Yes No

If "Yes", please submit loss runs from your prior carrier.

36. Does any person or entity proposed for insurance have knowledge of any act, error or omission that occurred within the past 5 years which might give rise to a claim(s) under the proposed policy? Yes No

If "Yes", attach a detailed description of such act, error or omission and an explanation of why to a claim may arise.

37. Has any person or entity proposed for this insurance been the subject of any professional liability claims during the past five years? Yes No

If "Yes," please complete the table below:

<i>Details</i>	<i>Covered by Insurance</i>	<i>Total Paid for Defense (including insured amounts)</i>	<i>Total Paid for Damages (including insured amounts)</i>	<i>Corrective Procedures Implemented</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

ADDITIONAL INFORMATION

DECLARATIONS AND NOTICE

NOTICE TO APPLICANT

If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any insured listed in this application, you should immediately file a report with your current carrier.

This application forms a part of your policy, if issued.

The undersigned, acting on behalf of all Applicants, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance **policy** provided by **us**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **us**.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the **policy** inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to **us** immediately;
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then coverage may be denied or canceled if such information was material to issuance of the **policy**;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date **Signature/Title**

(Date) (Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

(Date) (Print Name)

(Date) (Print Title)

RETURN YOUR COMPLETED APPLICATION TO YOUR AGENT.

Produced By: Agent: _____ Agency: _____

Agent Signature: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: 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 or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICATES: 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.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.