



## Home Inspectors Professional Liability Application

### 1. Contact Information:

Name of Applicant: \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell number: \_\_\_\_\_

### 2. Years in Business

Number of years you have operated as a Home Inspector: \_\_\_\_\_

### 3. Business Name: \_\_\_\_\_

Business address same as above, if not please indicate complete address, city, state, and zip code:

\_\_\_\_\_

Business type: Sole Proprietor  LLC  Corporation  Other \_\_\_\_\_

Is your business registered to do business in your home state? Yes  No

License number: \_\_\_\_\_

Is your business registered to do business in your city/county? Yes  No

Is your business a franchise? Yes  No

If yes, please describe: \_\_\_\_\_

Have you purchased, merged, or consolidated with any other home inspector business or 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: \_\_\_\_\_

**4. Staff (Indicate numbers)**

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Inspectors \_\_\_\_\_

Principals/Partners/Officers/Directors \_\_\_\_\_ Other Employees \_\_\_\_\_

**5. Licenses and Registrations**

Are individual home inspectors required to be licensed/registered in your state or in the states in which you practice?

Yes  No

Please indicate the state and license or registration number: \_\_\_\_\_

Please list all states you work in and if state licensing is required: \_\_\_\_\_

License/Registration Required:

State \_\_\_\_\_ Yes  No  License/Registration# \_\_\_\_\_

State \_\_\_\_\_ Yes  No  License/Registration# \_\_\_\_\_

List below any additional states and license and registration numbers: (use attachment if necessary)

Do the states, in which you practice, require Errors & Omissions insurance to perform home inspections?

Yes  No

Please list the states and limits required: \_\_\_\_\_

**6. Number of annual inspections**

Your total number of RESIDENTIAL inspections per calander year for:

Last year \_\_\_\_\_ Current year \_\_\_\_\_ Next 12 months \_\_\_\_\_

Your total number of COMMERCIAL inspections per calander year for:

Last year \_\_\_\_\_ Current year \_\_\_\_\_ Next 12 months \_\_\_\_\_

Annual Fee per inspection:

Last year \_\_\_\_\_ Current year \_\_\_\_\_ Next 12 months \_\_\_\_\_

Gross Annual Revenue:

Last year \_\_\_\_\_ Current year \_\_\_\_\_ Next 12 months \_\_\_\_\_

Please list fees charged for all inspection services that you provide and describe: \_\_\_\_\_

What is your average inspection fee: \_\_\_\_\_

Type of Inspection (Indicate X):

|                       |       |                    |       |                     |       |
|-----------------------|-------|--------------------|-------|---------------------|-------|
| Structural            | _____ | Pest (WDI)         | _____ | Pest (WDO)          | _____ |
| Radon                 | _____ | Mechanical         | _____ | Infrared            | _____ |
| Lead/Lead Based Paint | _____ | Mold (Swab)        | _____ | Noise               | _____ |
| Construction          | _____ | Mold (Petri Dish)  | _____ | Safety              | _____ |
| Indoor Air Quality    | _____ | Public Water Wells | _____ | Private Water Wells | _____ |

**7. Indicate percentage of gross revenues (should equal 100%):**

|                      |        |                              |        |
|----------------------|--------|------------------------------|--------|
| Existing Residential | _____% | New Construction-Residential | _____% |
| Existing Commercial  | _____% | New Construction-Commercial  | _____% |
| Existing Industrial  | _____% | New Construction-Industrial  | _____% |

**8. Indicate percentage of your sources of revenue (should equal 100%):**

|                      |             |
|----------------------|-------------|
| Individual Seller    | _____%      |
| Individual Buyer     | _____%      |
| Real Estate Company  | _____%      |
| Relocation Company   | _____%      |
| Finance Company      | _____%      |
| Mortgage Company     | _____%      |
| Insurance Company    | _____%      |
| Construction Company | _____%      |
| Other (Indicate)     | _____%      |
|                      | <u>100%</u> |

**9. Are you an exclusive home inspector for any one realtor or real estate company?**

Yes  No  If yes, please explain: \_\_\_\_\_

Does any one client represent more than 15% of annual revenue?

Yes  No  If yes, please explain: \_\_\_\_\_

10. Are you a licensed real estate agent? Yes  No

If yes, do you inspect homes which you have listed as a real estate agent?

Please explain: \_\_\_\_\_

Do you or the real estate company you are with carry separate Real Estate E&O insurance?

Yes  No

If yes, what is the effective date? \_\_\_\_\_

What Insurance Company? \_\_\_\_\_

11. Does the applicant or any business partner, officer, owner, director, franchise company or employee operate as a 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?

Yes  No  If yes, please explain: \_\_\_\_\_

If yes, do you provide these same services to the properties you inspect?

Please explain: \_\_\_\_\_

12. What percentage of work is sub-contracted? \_\_\_\_\_

Are subcontractors required to carry their own E&O insurance? Yes  No

If yes, do you obtain a certificate of insurance? Yes  No

Do subcontractors name you and your company as an additional insured? Yes  No

13. What type of inspection agreement do you use?

Handwritten  Verbal  Typed

Do you incorporate a thorough inspection checklist? Yes  No

14. What type of software do you use for your inspection and does it include a thorough checklist for each room and area of the home? \_\_\_\_\_

Please describe your software: \_\_\_\_\_

Will the software you use provide you with automatic updates for current building changes and items?

Yes  No

If you do not currently use software, please check here:  Do not use software

**15. Indicate the types of inspections performed and the percentage of gross income derived from each?**

|                                |       |   |
|--------------------------------|-------|---|
| One story family dwelling      | _____ | % |
| Family dwelling 2 to 3 stories | _____ | % |
| Condominiums                   | _____ | % |
| Town homes                     | _____ | % |
| Duplex                         | _____ | % |
| Residential units over 4 units | _____ | % |
| Log homes                      | _____ | % |
| Modular homes                  | _____ | % |
| Mobile homes                   | _____ | % |
| Farms and ranches              | _____ | % |
| Adobe homes                    | _____ | % |

**16. Will you go into crawl spaces, climb on roofs, and review the landscape (grade)?**

Please explain: \_\_\_\_\_  
\_\_\_\_\_

**17. Do you currently use a pre-inspection agreement when performing a home inspection?** Yes  No

Are the agreements signed in advance by your customer? Yes  No

Is it used 100% of the time? Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has an attorney reviewed your pre-inspection agreement? Yes  No   
Please submit the pre-inspection agreement you use.

**18. What SOP's and code of ethics do you use in your business?**

Please indicate: \_\_\_\_\_

**19. Please provide inspectors association membership information:**

What national organization are you currently a member of?

Name: \_\_\_\_\_ Date joined \_\_\_\_\_ Member# \_\_\_\_\_ Full member

Name: \_\_\_\_\_ Date joined \_\_\_\_\_ Member# \_\_\_\_\_ Full member

Name: \_\_\_\_\_ Date joined \_\_\_\_\_ Member# \_\_\_\_\_ Full member

**20. 16 hours of continuing education required annually. Please complete the below information:**

Course name: \_\_\_\_\_

Association/school/seminar: \_\_\_\_\_

Instructor: \_\_\_\_\_

CE hours: \_\_\_\_\_

Subject matter: \_\_\_\_\_

**21. Have you taken a Nachi, Ashi or Creia exam, national or state exam, or any course exam?**

Yes  No  Please explain the exam: \_\_\_\_\_

Date exam was taken and passed: \_\_\_\_\_

**22. In the first three years of being a home inspector, have you had 80 hours of classroom work?**

Yes  No

What course? \_\_\_\_\_

Who was instructor? \_\_\_\_\_

**23. Have you or your partners, officers, owners, principals, directors, franchise company, employees, entered into any hold harmless agreements?** Yes  No

If yes, please submit the agreement and list the companies you are to hold harmless

\_\_\_\_\_

**24. Will you do more than two inspections per day?** Yes  No

If yes, please explain how many hours it takes you to do an inspection and what steps you take to complete your inspections: \_\_\_\_\_

\_\_\_\_\_

**25. Will you partner up to do home inspections with another individual or company?** Yes  No

If yes, please explain and list name of individual and company \_\_\_\_\_

\_\_\_\_\_

Do they currently carry professional liability E & O insurance? Yes  No

If yes, who is the carrier and what limits do they provide; are you added as an additional insured? \_\_\_\_\_

\_\_\_\_\_

**26. Previous coverage:**

Professional Liability

Policy period: \_\_\_\_\_ Carrier: \_\_\_\_\_

Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

Is coverage on a claims-made policy form? Yes  No

If yes, please provide retroactive date: \_\_\_\_\_

**27. Limits of professional liability errors and omissions insurance requested (Each Claim/Aggregate):**

Please check

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

**28. Do you offer any express, verbal, or written warranty?** Yes  No

If yes, please attach a copy of the warranty.

**29. Have you had any professional liability claim made or has a suit been brought against the Applicant or any past or present owner, officer, director, franchise or employee? (Use attachment if necessary.)**

Yes  No

If yes, please explain: \_\_\_\_\_

**30. Has any policy or application for errors and omissions insurance on behalf of the Applicant or any past or present owner, partner, officer, director, franchise or employee ever been declined, cancelled or refused? (Use attachment if necessary.)**

Yes  No

If yes, please explain: \_\_\_\_\_

**31. After inquiry, are there any circumstances, acts, errors or omissions which may result in errors and omissions claims being made against the Applicant, past or present owner, partner, officer, director franchise or employee? (Use attachment if necessary.)**

Yes  No

If yes, please explain: \_\_\_\_\_

**32. Has the Applicant, firm, owners, franchise, or employees, ever been subject to disciplinary action by any state licensing board, court, regulatory authority, professional organization, or had their license revoked or suspended? (Use attachment if necessary.)**

Yes  No

If yes, please explain: \_\_\_\_\_

Has the firm name changed in the past five years? Yes  No

If yes, please explain: \_\_\_\_\_

**33. Do you take digital photos of the home you are inspecting?** Yes  No

Do you have the date and time showing somewhere on the digital picture? Yes  No

**34. Do you currently contact your E&O insurance carrier when you make a change in your business, change your agreements, or change your reports?** Yes  No

**35. Please explain your education, training, code work and field experience for each applicable service that you provide in your home inspection business. Also indicate and explain any other services you provide not listed below. Please include course name, date course taken, state license number, city or county license number and include a copy of you license. Also include how many inspections you have completed for each applicable service. (Use attachment if necessary.)**

**Services:**

- Indoor Air Quality \_\_\_\_\_
- Chimneys \_\_\_\_\_
- Commercial \_\_\_\_\_
- Farms \_\_\_\_\_
- Industrial \_\_\_\_\_
- Lead \_\_\_\_\_
- Log Homes \_\_\_\_\_
- Mechanical \_\_\_\_\_
- New Construction \_\_\_\_\_
- Noise \_\_\_\_\_
- Pools & Spas \_\_\_\_\_
- Radon \_\_\_\_\_
- Septic \_\_\_\_\_
- Structural \_\_\_\_\_
- Thermography \_\_\_\_\_
- Water Wells \_\_\_\_\_
- WDI \_\_\_\_\_
- WDO \_\_\_\_\_
- WETT \_\_\_\_\_
- Other Services \_\_\_\_\_

**36. 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 agreement
- 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 may 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 and/or denial of claims under any policy issued.

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 will include any 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 withheld any information which is calculated to 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:** \_\_\_\_\_