

## Home Inspectors Professional Liability Application

Coverage is written on a "Claims-Made" coverage form. Limits of Liability available to pay judgements or settlements shall be reduced by amount incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible.

---

### General Information

---

1. Company Name \_\_\_\_\_  
(Applicant)
- Street \_\_\_\_\_  
\_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Telephone \_\_\_\_\_ Fax \_\_\_\_\_
- E-mail Address \_\_\_\_\_
- Website \_\_\_\_\_
- Contact Person \_\_\_\_\_

2. Please list the state(s) in which the Applicant provides services.

---

---

---

### Description of Business

---

3. Please indicate the total revenue for the following fiscal years for both the applicant and any subsidiaries performing professional services sought to be covered under this policy.

Current Year: \_\_\_\_\_

Last Year: \_\_\_\_\_

Next Year (projected): \_\_\_\_\_

4. How many years has the Applicant been in business? \_\_\_\_\_

If less than 2 years, please describe any formal training or related experience that has been completed by the applicant and/or staff. Please do this in the Additional Notes Section in Question #19 at the end of the application.

5. How many inspections annually does the Applicant perform? \_\_\_\_\_

6. What percentage of the Applicant's revenue is derived from:

Commercial Inspections: \_\_\_\_\_

Residential Inspections: \_\_\_\_\_

7. Do you want this policy to include coverage for commercial inspection?  Yes  No

8. Please indicate the total number of Home Inspectors, including yourself: \_\_\_\_\_  
(do not include subcontractors).

9. Please indicate the total number of independent contractors. \_\_\_\_\_

10. Does the applicant want coverage for independent contractors?  Yes  No

A. If yes, please list the names of the independent contractors: \_\_\_\_\_

B. If no, does the applicant contractually require independent contractors to maintain Errors and Omissions Insurance?  Yes  No

11. Does the Applicant have a signed contract/inspection agreement in place with clients?

All of the time  Most of the time  Some of the time  Never

12. Does the Applicant's contract/inspection agreement contain a Limitation of Liability provisions?

Yes  No

13. Is the applicant engaged in any business or profession other than Home Inspections?

No  Yes – if yes, please describe and include estimated annual revenue.

---

14. Is the Applicant a member or candidate of ASHI? Please provide ASHI number.  
(Credit cannot be given without valid member/candidate number).

Member # \_\_\_\_\_  Candidate # \_\_\_\_\_  No

---

## Description of Business (Continued)

---

15. Have any of the Applicant's owners, principles, directors, officers or employees ever been the Subject of disciplinary or criminal actions as a result of their professional activities?

No       Yes

If you answer "yes" to be above question, please describe:

16. Have any professional liability claims ever been made against the Applicant, Applicant's owners, Principals, directors, officers or employees?

No       Yes

If you answered "yes" to the above question, please describe including name of claimant; Type of service provided and allegation made; date claim was made; demand amount and Final disposition including indemnity and expense amounts:

17. Does the Applicant, Applicant's owners, principals, directors. Officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business?

No       Yes

If you answered "yes" to the above question, please describe:

It is understood and agreed that if the answer to the previous three queries is "yes", any such Claim or potential claim is specifically excluded from this proposed coverage.

18. List any other industry associations/memberships with which the Applicant is affiliated.

\_\_\_\_\_

19. Additional Notes: Please provide any additional information or coverage requests that might be helpful in evaluating this application. Please attach any necessary documentation.

20. OPTIONAL: In order to best meet your coverage needs, please provide the following information about the Applicant's current policy.

Carrier	_____	Premium	_____
Limit	_____	Retro Date	_____
Retention	_____	Expiration	_____

**Notice to Applicant: Please Read Carefully**

Warranty: The undersigned warrant that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the in the circumstances of the Applicant's business including, but not limited to the size of the firm, the area of business engaged in by the firm and the information contained on each Supplemental application submitted by the applicant.

SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_