



# Home Inspectors Professional Liability Insurance Application

## A. APPLICANT INFORMATION

### 1. Named Insured Information (as it should appear on the policy)

- a. Full named insured including DBA, if applicable. \_\_\_\_\_
- b. Email \_\_\_\_\_
- c. Address \_\_\_\_\_
- d. Phone \_\_\_\_\_
- e. Business Type:     Individual       Partnership       Corporation       Other (list type) \_\_\_\_\_
- f. Contact Person \_\_\_\_\_

### 1. Franchise Information

- a. Do you operate under a franchise agreement?     Yes     No
- b. If yes, enter the franchise name: \_\_\_\_\_
- c. If you do not operate under a franchise agreement, do you have at least three years of inspecting or industry related (trade or construction) experience?     Yes     No
- d. Do you use your franchise approved Home Inspection Agreement?     Yes     No  
*If NO, please provide a copy of your inspection agreement.*

### 3. Annual Revenue

- a. Actual revenue from prior fiscal year \$ \_\_\_\_\_
- b. If newly established, enter 12 month revenue projection \$ \_\_\_\_\_

### 4. Number of Inspectors

Employment Status	Full Time <small>(10 or more inspections per year)</small>	Part Time <small>(Less than 10 inspections per year)</small>	Indicate number of inspectors <small>with 3 or more years inspection or industry related experience</small>
Owners, Partners			
Employees (W-2)			
Independent Contractors			
Total			

Total number of inspections for the previous 12 months for all inspectors combined \_\_\_\_\_

## B. COVERAGE INFORMATION

- 1. Requested Effective Date: \_\_\_\_\_
- 2. Retroactive Date: \_\_\_\_\_

Your retroactive date will default to the requested coverage effective date. If you currently have Professional Liability Insurance, enter the retroactive (prior acts) date from that policy. If you do not know the date, the retroactive date will be the effective date of this policy.

### 3. Limit Selection

- \$1,000,000 Each Claim                       \$1,000,000 Each Claim
- \$1,000,000 Aggregate                      \$3,000,000 Aggregate

If you require higher limits, enter requested limit here:  
\$ \_\_\_\_\_ Each Claim \$ \_\_\_\_\_ Aggregate Limit

Attach information supporting the request, including evidence of a client contract requirement or policy declarations page indicating current higher limit, or other reason. Further underwriting review is required and additional information may be requested.



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**4. Deductible Selection**

- \$1,500 each claim
- \$2,500 each claim
- \$5,000 each claim (not available for revenue under \$75,000)
- \$10,000 each claim (not available for revenue under \$150,000)

**C. PROGRAM QUALIFICATIONS**

"You" refers to the Named Insured applicant, all owners, partners, members, employed professionals or staff and independent contractors.

1. Do you hold all licenses and certifications as required by state and local governing bodies?  Yes  No  
*(Some Coverage Extensions under the policy require certification or accreditation for coverage to apply. See attached Addendum for a list of accrediting organizations—this list is a sampling only and does not include all of the existing accrediting organizations.)*
2. Do you require all employees and independent contractors to provide proof of licensing and certification?  Yes  No  
*a. Do you provide any additional training programs for employees or require completion of continuing education each year?*  Yes  No
3. Do you require a signed inspection agreement prior to performing services and provide a written inspection report for every inspection completed?  Yes  No  
*a. If YES, does the agreement include a hold harmless or limitation of damages provision?*  Yes  No
4. Do you provide any of the following services: remediation, repair, correction, renovation, lab testing, architectural, engineering or construction services?  Yes  No  
*a. If YES, provide a list of these services and the percentage of your business from these operations:*

Additional Services	Percentage of Business

I understand that any claim arising out these services is NOT COVERED and I agree to proceed.

5. Do you provide Home Inspection Professional Services for any property you own, have a beneficial interest in, or any involvement in as a buyer or seller?  Yes  No
6. Are you a builder or developer?  Yes  No

*If YES, to questions 5 or 6 above, provide a list of these services and the percentage of your business from these operations:*

Additional Services	Percentage of Business

I understand that any claim arising out these services is NOT COVERED and I agree to proceed.



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7. In the past five years have you had any professional liability or general liability claims or suits, license revocation, suspension or formal reprimand or disciplinary action, or are you aware of any matter that could be the subject of such an action?  Yes  No

a. *If YES, attach currently dated 5 year loss runs and a description of each claim indicated. Your description should include the alleged error, alleged damages, date of service, date claim made and current status of the claim.*

### NOTICE TO APPLICANT FOR INSURANCE FRAUD WARNING

**This notice is part of your application for commercial insurance. For your protection various state laws require the following notice: Please read the fraud warning statement applicable to your state. If your state is not listed, please read the statement applicable to All Other States.**

**General Fraud Statement:** Any person who knowingly and with intent to defraud any 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 insurance act, which is a crime and subjects the person to criminal and civil penalties.

#### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV:**

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 fines and confinement in prison. \*Applies in MD Only

#### **Applicable in CO:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purposes 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.

#### **Applicable in FL and OK:**

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)\*. \*Applies in FL only

#### **Applicable in KS:**

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.

#### **Applicable in KY, NY, OH and PA:**

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. (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### **Applicable in ME, TN, VA, and WA:**

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 and denial of insurance benefits. \*Applies in ME Only.

#### **Applicable in NJ:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### **Applicable in OR:**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### **Applicable in VT:**

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.

#### **Applicable in PR:**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



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The undersigned declares that the statements set forth herein are true. For New Hampshire Applicants, the foregoing statement is limited to the best of the undersigned's knowledge, after reasonable inquiry. The signing of this Application does not bind the undersigned or the Insurer to complete the insurance. It is represented that the statements contained in this Application and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon by the Insurer in issuing any policy. The Insurer is authorized to make any investigation and inquiry in connection with this Application as it deems necessary. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This Application and materials submitted with it shall be retained on file with the Insurer and shall be deemed attached to and become part of the policy if issued. For Utah and Wisconsin Applicants, such Application and materials are part of the policy, if issued, only if attached at issuance. It is agreed in the event there is any material change in the answers to the questions contained in this Application prior to the effective date of the policy, the Applicant will immediately notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the Insurer's discretion.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Owner, Partner, Officer or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Owner, Partner, Officer or Principal (Print Name)



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### ADDENDUM ACCREDITED PROFESSIONAL HOME INSPECTION ORGANIZATIONS

#### **Mold Inspection:**

1. Council Certified Residential Mold Inspector (CRM);
2. International Association of Certified Indoor Air Consultants (IAC2);
3. Texas Mold Assessment and Remediation Rules (TMARR);
4. National Association of Mold Remediators and Inspectors (NAMRI);
5. National Association of Mold Professionals (NAMP); and/or
6. American Council on Accredited Certification (ACAC);
7. National Organization of Remediators and Mold Inspectors (NORMI);
8. Or another organization acceptable to us, and, if required by law, is licensed in the state in which the mold inspection takes place to conduct mold inspection and/or acquire samples.

#### **Infrared Thermography, Rodent Inspection, Green Building Inspection and Exterior Insulation Finishing Systems and Stucco Inspection:**

1. American Society of Home Inspectors;
2. National Association of Home Inspectors;
3. International Association of Certified Home Inspectors
4. Texas Professional Real Estate Inspectors Association
5. Or another organization acceptable to us, and, if required by law, is licensed in the state in which these types of inspections takes place.

#### **Indoor Air Quality/Carbon Monoxide Inspection:**

1. International Association of Certified Indoor Air Consultants (IAC2);
2. American Council for Accredited Certification (ACAC);
3. Environmental Solutions Association;
4. Or another organization acceptable to us, and, if required by law, is licensed in the state in which the indoor air quality inspection takes place, to conduct indoor air quality inspections.

#### **Radon Inspection and Testing Services:**

1. American Association of Radon Scientist and Technologies, Inc.; or
2. National Radon Safety Board;
3. Or another organization acceptable to us, and, if required by law, is licensed in the state in which the radon inspection takes place, to conduct radon inspections.