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affiliate member of ASHI

Thank you for applying with First Indemnity. We are looking forward to assisting you with your insurance needs.

This application should take about 15-20 minutes.

**APPLICATION FOR INSPECTION SERVICES ERRORS & OMISSIONS INSURANCE
APPLICATION INSURANCE THE COVERAGE AFFORDED BY A POLICY, IF ISSUED,
WILL BE ON A "CLAIMS MADE" BASIS.**

**PLEASE FULLY COMPLETE EACH QUESTION, INDICATE THE CORRECT
RESPONSE WHEN A QUESTION ASKS "YES" OR "NO" AND SUBMIT ADDITIONAL
INFORMATION IF REQUIRED.**

Please Provide the following information in addition to this application

- 1) Resume of all inspectors
- 2) Copy of the pre-inspection agreement
- 3) Copies of all training certification documents for each inspector
- 4) Detailed information on all prior claims, including company loss run reports
- 5) a Copy of your previous Professional Liability (E&O) Declarations page showing current Retro-active date (If applicable)

Company Name

Contact Person

Street Address

City

State

Zip

Telephone

Fax

County

Web Address

E-mail

Year Established

2011

How many Inspectors are to be covered by this policy?
(do not count support staff)

If you are a Sole Proprietorship/ Individual (Not an Inc, Partner, LLC...) with a DBA, please use this format: "Your Name" DBA "Your DBA Name"

1) Form Of Business

Individual

Proposed Effective Date of Policy (MM/DD/YYYY)

Application Type

Please Note-You are only considered an individual IF you are not anything else. You are not considered an individual just because you are the only person in the company.

Jan 1 2011

New
Renewal

2) Is your Business a Franchise?

If Yes, Please list The Franchise company

Yes
 No

3) Is the Applicant or any other proposed insured

Yes
 No

Yes
No

a) Owned by, controlled by or act as a Director or Officer of any other business or organization?

Yes
No

b) engaged in any other business or employed by any other business or organization?

If Yes, please explain

If YES, what percentage of inspection services are performed for such business(es)?

4) In the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant? Yes
No

If Yes, Please explain

5) Please detail the number of partners and staff		Full Time	Part Time
Principals/Partners/Inspectors (owners)			
Professional Staff /Inspectors (non-owners)			
Other Employees (helper/apprentices)			

6) Please detail the following for all owners, officers, directors, partners and inspectors:

O=Owner E=Employee IC= Independent Contractor

Name	Type	Professional Qualifications	Years of experience	Years with applicant	Completed training Formal Home Inspector training?
					Yes
					Yes
					Yes
					Yes

7) Please detail annual gross income		Year	Estimated Gross Annual Income	Est # of Inspections/Inspector	Total Inspections/Year
<u>New Firms-</u>	Estimate for NEXT year	2011-12			
<u>Estimate volume</u>	Estimate for THIS year	2010-11			
<u>and income</u>	Estimate for LAST year	2009-10			

8) What was the Applicant's largest fee for an individual inspection job ever done
What type of inspection was it?

What is your average fee?

9) Do you takes pictures during your inspection?--If Yes How many Yes
No # Of Picts

10) What type of inspection report does the Applicant use? (Select all that apply) NARRATIVE
CHECKLIST
VERBAL
Computer Program

11) What inspection standards are used ASHI
NAHI
FABI
GAHI
CREIA
NACHI
Other
If Other, please list

12) Is the Applicant affiliated with any of these professional home inspection organizations (Select all that Apply) ASHI
NAHI
FABI
GAHI
CREIA
TREC
NACHI
Other
If Other, Please list the other organization

13) Please list the states where the Applicant performs inspection services: AL
AK
AZ
AR
CA

14) Indicate the types of inspections performed and the percentage of gross income derived from each-
[If the answer is 0% Please Leave 0% in the Answer Box](#)

Type of Inspection Performed:	% Of Inspections
Residential home inspection – less than 4 units	
Residential home inspection – over 4 units	
Industrial/Restaurant	
Soft Commercial (retail, business parks, office buildings)	
Wind Mitigation	
Bank/Draw Inspections	
Who are your clients please provide a sample contract-fax to 202-478-0856	
Do you Provide Remediation? Radon Is the Lab used EPA Listed? N/A	
What Equipment do you use? N/A	
Pest/WDO/WDI/Termite (excluded See option coverage section)	
Lead (excluded See option coverage section)	
Code-Not available in all policies	
Who are your clients?	
What code is used?	

Mold/Indoor Air Quality (Excluded-See additional coverage section)	
Septic/Sewer	
Pools/Spa's	
Seller Inspections	
Green Certification	
Energy Audits	
Water Quality Testing	
HUD Inspections <u>Please describe the types of HUD Inspections</u>	
Other (Please explain below)	
Total (Must equal 100%)	

15) Indicate the percentage of inspections performed for the following types of clients

Type of Client	% of Inspections
Individual purchasers	
Mortgage lenders	
Municipalities	
Governmental agencies including, but not limited to HUD and FHA	
Other (please specify)	
Total (Must Equal 100%)	

16) Is the Applicant a licensed real estate agent

Yes
No

If Yes, Do you inspect any homes that you have listed as a real estate agent?

N/A

Does the real estate operation carry separate professional liability coverage?

N/A

17) Is the Applicant an exclusive home inspector for any one Realtor or real estate company:

Yes
No

If Yes, please explain

18) Does the Applicant currently offer estimates or do repair work on properties you have inspected?

Yes
No

If Yes, please explain

19) Does the Applicant currently use a pre-inspection agreement when performing home inspection?

Yes
No

If Yes, is the agreement signed in advance by your customer?

Yes
No

Yes
No

Also, please fax a copy of the pre-inspection agreement to:
202-478-0856, Att:John Remark

20) Does the Applicant offer warranties or guarantees of any type?
If Yes, Please furnish details. Yes
No

21) Does the Applicant:
a) Have an in-house office policy/procedures manual in place? Yes
No

b) Use a contract for services or letter of engagement for all clients Yes
No

c) Require professionals to attend continuing education classes? Yes
No

d) Use an in-house counsel, counsel on retainer and/or risk manager? Yes
No

e) Perform audits of work performed by each professional? Yes
No

If YES, how often?

22) Does the Applicant hire subcontractors?
If YES: **No**
Yes

a. What percentage of gross income is performed by subcontractors:
b. What type of work do subcontractors perform?
c. Do you review the work performed by subcontractors? Not App

d. Do you verify the qualifications of subcontractors? Not App

e. Are any services performed by subcontractors outside of the U.S.A.? Not App

f. Are subcontractors required to have their own E&O insurance? Not App

23) Has the Applicant or any other proposed insured been involved in or have knowledge of any disciplinary or investigative action or license revocation by any local, state or federal licensing board, court, regulatory authority or professional association?
If YES, please give full details No

- 24) Has the Applicant carried Professional Liability Insurance previously under the existing name or any predecessor in business? (please fill out for last 3 years or insurance companies. Also Fax your existing Declarations Page to 202-478-0856) Yes
No

Insurer	Limits of Liability	Deductible	Premium	Policy Period

Is the Applicant's expiring policy issued on a CLAIMS MADE basis? Yes
No

If YES, please provide the Retroactive Date of the expiring policy.

[Not the current years start date,](#)

Retro-active date is the start date that you started continuous and unbroken e and o coverage from then until now

MM/DD/YYYY

- 25a) In the past 5 years, has any application for this type of insurance completed by the Applicant or any other predecessor in business been declined? Or has any insurance of this type been cancelled, non-renewed, or refused? Yes
No

If yes, please explain below

- 25b) In the past 5 years, has any CLAIM been made against the Applicant or any of their past or present owners, officers, partners, directors or employees either individually or otherwise for professional services? Yes
No

[If YES, please complete the attached Claim/Incident/Circumstance Information Sheet for each claim](#)

- 26) Is the Applicant or any other person proposed for insurance aware of any incident or circumstance which may result in a CLAIM being made against the Applicant or any past or present owners, partners, officers, directors, employees or predecessors in business? Yes
No

[If YES, please complete the attached Claim/Incident/Circumstance Information Sheet for each incident or circumstance](#)

Optional Coverages

- Yes Termite Coverage
 No Estimated Revenue for the next 12 months

Do You Provide treatment? If yes Explain N/A

Yes Lead Inspection Coverage
 No Estimated Revenue for the next 12 months

Do You Provide treatment? If yes Explain N/A

Yes Mold Inspection Coverage
 No Estimated Revenue for the next 12 months

Do You Provide treatment? If yes Explain N/A

27) Limit(s) of Liability requested (Occurrence/Aggragate)	28) Deductible(s) requested
Quote 1 \$250,000/\$500,000	\$2,500
Quote 2 \$500,000/\$500,000	\$2,500
Quote 3 \$1,000,000/\$1,000,000	\$2,500
29) What coverages are you looking for?	
General E and O	General Liability Pest Pest Sub-Limit Desired \$25,000
Referral	Radon Mold If Desired- Mold application
Pool and Spa	Lead Additional Insured for Franchises
Washington State Additional 2-Year ERP	Code Energy Audits
	Detection of Water and Moisture Other

Comments

The signer of this application, authorized and acting on behalf of all Insureds declares that all statements and information provided by the Insureds is true, complete and accurate. It is agreed that this application is the basis of and becomes a part of the policy, should a policy be issued.

The signing of this application does not require the signer to purchase insurance, nor does the review of this application require the Insurer to issue a policy.

Signed

Title

Date

Before submitting, please print this document for your records.

Thank you for the chance to earn your business. If you have any questions, please call John Remark at 202-465-4306 or e-mail him at john@homeinspectorliability.com.

Also, please do not forget to Fax/E-mail a copy of your pre-inspection agreement and Declarations Page of your current policy (if applicable). The Fax number is 202-478-0856

Thanks again, you will be hearing from us shortly.



Broker Information

Name	Company	Phone
E-mail	Fax	Internal Tracking (if necessary)
Date quote needed by		