

FIRST INDEMNITY

Insurance Services, Inc.

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.**

Home
Top Business Practices
Applications
Why E and O Insurance
Workerscomp/BOP App
Bonds
Financial Ratings
Contact Us

Company Name

Contact Person

Street Address

City

State

Zip

Telephone

Fax

County

Web Address

E-mail

Year Established

How Many employees are to be covered by this policy?

1) Form Of Business

Other, Please explain

2) Are there branch offices?

If Yes, Please list addresses, on per line

3) Is the Applicant or any other proposed insured

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

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?

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 professional employees:

Name	Ownership %	Professional Qualifications	Years of experience	Years with applicant

7) Please detail annual gross income Year Estimated Gross Annual Income

Estimate for NEXT year 2009

Estimate for THIS year 2008

Estimate for LAST year 2007

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) How many inspections does the Applicant perform annually?

10) What type of inspection report does the Applicant use? (Select all that apply)

11) What inspection standards are used

If Other, please list

12) Is the Applicant affiliated with any of these professional home inspection organizations (Select all that Apply)

If Other, Please list the other organization

13) Please list the states where the Applicant performs inspection services:

14) Indicate the types of inspections performed and the percentage of gross income derived from each

<u>Type of Inspection Performed:</u>	<u>% Of Inspections</u>
Residential home inspection – less than 4 units	
Residential home inspection – over 4 units	
Commercial /Industrial	
Insurance inspection – personal lines	
Insurance inspection – commercial lines:	
Other (Please explain below)	
Total (Must equal 100%)	

Type of Inspection Performed: Other Explanation

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

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

Indicate the percentage of inspections performed for the following types of clients:
Other explanation

- 16) Is the Applicant a licensed real estate agent
- If Yes, Do you inspect any homes that you have listed as a real estate agent?
- Does the real estate operation carry separate professional liability coverage?
- 17) Is the Applicant an exclusive home inspector for any one Realtor or real estate company:
- If Yes, please explain
- 18) Does the Applicant currently offer estimates or do repair work on properties you have inspected?
- If Yes, please explain
- 19) Does the Applicant currently use a pre-inspection agreement when performing home inspection?
- If Yes, is the agreement signed in advance by your customer?
- [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.
- 21) Does the Applicant:
- Have an in-house office policy/procedures manual in place?
 - Use a contract for services or letter of engagement for all clients
 - Require professionals to attend continuing education classes?
 - Use an in-house counsel, counsel on retainer and/or risk manager?
 - Perform audits of work performed by each professional?
- If YES, how often?
- 22) Does the Applicant hire subcontractors?
- If YES:
- What percentage of gross income is performed by subcontractors?
 - What type of work do subcontractors perform?
 - Do you review the work performed by subcontractors?
 - Do you verify the qualifications of subcontractors?
 - Are any services performed by subcontractors outside of the U.S.A.?

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, if you use a pre-inspection agreement, please fax it to John at 202-478-0856

Thanks again, you will be hearing from us shortly.

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