

**HOME INSPECTORS
PROFESSIONAL LIABILITY INSURANCE APPLICATION**

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

Application Instructions

- A. Please type or complete the application in ink.
- B. If additional space is needed, please use your firm's letterhead.

General Applicant Information

- 1. Applicant Name: _____
- 2. Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
- 2. Contact Name: _____
Phone: _____
- 3. Type of Business:
 Individual, Partnership, Corporation, Limited Liability Corporation
 Other: _____
- 5. Year Established: _____
- 6. Effective Date of Operations: _____
- 7. Description of Operation: _____
- 8. Does any member of the Applicant provide services outside the scope of Home Inspection? Yes, No
(If "yes", please provide full details)
- 9. To what Professional Association(s) does the Applicant belong? _____

10. Number of Inspectors: # _____
11. Projected Annual Revenues: \$ _____
12. Total Revenue from Commercial Inspections: \$ _____
13. Prior Year Total Gross Revenues: \$ _____
14. Is a Pre-Inspection Agreement/Contract signed 100% of the time? Yes, No

Claim History

15. In the past five years, has any professional liability claim or suit been made against the applicant or of its predecessor firms if any? Yes, No
(If "yes", please complete the Claim Supplement)

Insurance History

16. Please list the Applicants Professional Liability Insurance Coverage carried during the past year, including any periods without coverage.

<u>Previous Year Insurance Carrier</u>	<u>Expiring Limits</u>	<u>Expiring Deductible</u>	<u>Expiring Premium</u>
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____

17. Retroactive Date of Current (claims made) Policy: _____

Limit Information

18. Limits Desired: Deductible Desired:
- | | |
|---|----------------------------------|
| <input type="checkbox"/> \$ 100,000 / \$ 100,000 | <input type="checkbox"/> \$1,500 |
| <input type="checkbox"/> \$ 250,000/ \$ 250,000 | <input type="checkbox"/> \$2,500 |
| <input type="checkbox"/> \$ 250,000/ \$ 500,000 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$ 500,000/ \$ 500,000 | |
| <input type="checkbox"/> \$ 500,000/ \$1,000,000 | |
| <input type="checkbox"/> \$1,000,000/ \$1,000,000 | |
19. Optional Coverages or Endorsements (check if coverage is desired):
- Premises Liability (subject to sub-limit): \$ 100,000, \$ 250,000, \$ 300,000
 \$ 500,000, \$1,000,000

- Wood Destroying Organisms/Termite Inspection (subject to sub-limit)
- Radon Inspections/Sample Collections (subject to sub-limit)
- Prior Acts Coverage (available for Occurrence form only)
- Franchisor Additional Insured Endorsement - Name
and complete address of franchisor to be added: _____
- Referral Endorsement

Representations

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURANCE COMPANY WHICH THIS APPLICATION IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE PART HEREOF. THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Signature of Owner, Partner or Principal

_____ Title	_____ Date
----------------	---------------

IF A POLICY IS ISSUED THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant hereby acknowledges that he or she or it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this policy.

The Applicant hereby further acknowledges that he or she or it is aware that legal defense costs or defense expenses that are incurred shall be applied to the deductible amount.

Signature of Owner, Partner or Principal

Title

Date

Signature of Witness/Broker

Signed At

Date