

INSPECTORS ERRORS & OMISSIONS INSURANCE
Standard Application

1. Name of Applicant (Company Name if applicable): _____
 Contact Person: _____
 Street: _____
 City: _____ State: _____ ZIP: _____
 Business Type: Individual Partnership Corporation Other (*describe*) _____
 Telephone: _____ Fax Number: _____
 Website address: _____ Email: _____

Is the applicant owned, controlled or affiliated with or by another entity? Yes No (If yes, give details on a separate sheet, including name of entity, percentage owned/controlled, etc.)

2. Requested Effective Date: _____ (if you have current insurance, policy expiration date)

3. Date Firm Established: _____ Advise number of years inspecting and/or related experience (in trades) _____ (If less than three years total experience inspecting and/or in the construction trades, please submit a detailed summary of experience, including construction/remodeling, training, education, licensing and certification.)

4. **Deductible(s) Requested:** \$2,500 \$5,000 \$10,000 \$25,000

5. Has your firm name ever changed or has there been any acquisition, consolidation, dissolution, merger or change in business organization? Yes No
 If yes, explain _____

6. **Staff (Indicate Numbers) (Coverage includes all inspectors/employees.)**

	Full Time	Part Time	Inactive
Principals, Partners, Officers			
Inspectors (not owner, partner or officer)			
Other Employees (include clerical)			

7. What percentage of your business is completed by independent contractors (ICs)? (1099 employees) _____
 If you use ICs, do you require them to carry/provide proof of E&O insurance? () Yes () No
 If NO, ICs must have coverage. Up to two ICs are covered at no additional premium under this policy. There is an additional charge of \$50 for each IC to be covered over two. _____ Please list total number of ICs to be covered under this policy. Please list all ICs to be covered: _____

Please be sure to include revenues from all ICs in your total revenues listed in Question #8 below.

8. Please provide the following information:

	Last 12 months	Next 12 months
a. Number of Inspections	_____	_____
b. Average Fee per Inspection	\$ _____	\$ _____
c. Gross Annual Revenue	\$ _____	\$ _____

9. Type of Building Inspected

	Percent of Total Revenue (if new, please estimate revenue) <i>Last 12 months</i>
a. Residential—less than 4 units	_____ %
b. Residential—over 4 units	_____ %

- c. Commercial/Industrial/Office _____ %
- d. Other – please describe _____ %
- 100%

10. Type of Inspection(s) Percent of Total Revenue
(if new, please estimate percent)

Last 12 months

a. General Inspection of Building/Systems _____ %

Do you provide any of the following “specialty” type(s) of services or inspections?
If yes to any of the following, please provide details on a separate sheet of paper:

- i. Architectural Services _____ %
- ii. Engineering Services _____ %
- iii. Construction (draw inspection) _____ %
- iv. Code Compliance (municipal codes) _____ %
- v. Septic/On-site Sewage _____ %
- vi. Lead Inspection _____ %
- vii. Radon Inspection _____ %
- viii. Other – describe _____ %

100%

b. Are you a builder, contractor or repair/remodeling contractor? _____ Yes _____ No
If yes, do you provide any of these services to the same properties you inspect? _____ Yes _____ No

c. Do you provide pest inspection services? _____ Yes _____ No
If yes, what percent of revenue? _____ %
Do you perform pest application services? _____ Yes _____ No
If yes, do you provide pest application services to the same properties you inspect? _____ Yes _____ No

d. Do you provide mold inspection services? _____ Yes _____ No
If yes, what percent of revenue? _____ %
Do you provide mold remediation/consulting services? _____ Yes _____ No

(NOTE: Policy has an absolute mold exclusion.)

11. Source(s) of Business Percent of Total Revenue
(if new, please estimate percent)
Last 12 months

- a. Individual Seller _____ %
- b. Prospective Buyer _____ %
- c. Real Estate/Relocation Company _____ %
- d. Finance Company/Mortgage Broker _____ %
- e. Other, please describe _____ %

100%

12. a. What type of inspection report do you use? ___ Narrative ___ Checklist ___ Verbal

b. What inspection standards are used?
___ ASHI ___ NAHI ___ FABI ___ GAHI ___ CREIA ___ NACHI
___ Other – describe _____

c. Do you currently use a pre-inspection agreement when performing a home inspection? _____ Yes _____ No
Please attach a copy of the agreement.

d. Are the agreements signed in advance by your customer? _____ Yes _____ No

e. If agreements are used less than 100% of the time, please explain _____

f. Do you offer any warranties or guarantees? _____ Yes _____ No
If yes, explain. _____

13. Are you an exclusive home inspector for any one Realtor/agent or real estate company? _____ Yes _____ No
If yes, explain. _____

14. Are you a licensed real estate agent? Yes No
 If yes, do you inspect any homes which you have listed as a real estate agent? Yes No
 Does the real estate operation carry separate professional liability coverage? Yes No

15. Are you affiliated with any of the professional home inspection organizations? Yes No
 Check all that apply. ASHI NAHI FABI GAHI CREIA NACHI
 Other – describe _____ Licensed by your State (if applicable): Yes No

16. Previous/Current coverage:

a. Errors & Omissions	Carrier	Limits	Deductible	Premium
Policy Period				


If yes, please provide current Declarations Page with application for coverage of Prior Acts.

b. General Liability	Carrier	Limits	Deductible	Premium
Policy Period				

17. Have any claims (including violation of fair housing laws) been made against you or your firm or anyone indicated in **questions 6 or 7?** Yes No If yes, please provide details on the attached claim supplement form.
18. Are you aware of any act, error, omission or other circumstances which might reasonably be expected to be the basis of a claim or suit against you or your firm or anyone indicated in questions **6 or 7?** Yes No If yes, please provide details on the attached claim supplement form.
19. During the past five years has any insurance company declined, cancelled or refused to renew coverage for you or anyone in **your firm or anyone named in question #6 or 7?** Yes No If yes, please provide details on a separate sheet.

Submitting Application

Please provide:

- a) A history of inspecting and/or related experience for each inspector, including construction, remodeling and other work in “the trades,” and schooling, licensing and/or other education/certification;
- b) Copy of your pre-inspection agreement; 
- c) Copy of current insurance declarations page if applicable;
- d) Explanation of previous claims (if applicable).

I/We hereby declare that the above statements and declarations are true and that I/We have not suppressed or misstated any material facts. I/We agree that any misrepresentation or misstatement of material facts may void coverage under this insurance. I/We agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application does not bind the company to provide coverage or the applicant to purchase the insurance.

APPLICANTS SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE _____

Application must be signed and dated by a principal of the firm to be considered for quotation.

Please complete and fax to OREP: Fax: (619) 704-0567 or (619) 269-3884; ph: (888) 347-5273
 OREP: 6760 University Ave. #250 San Diego, CA 92115 info@orep.org
 David Brauner Calif. Insurance License #0C89873

SUPPLEMENTAL CLAIM INFORMATION (If Applicable)

1. Your name: _____
 2. Full name of individual involved in the claim: _____
 3. Full name of claimant: _____
 4. Date of alleged error: _____ 5: Date of claim: _____
 5. Additional defendants: _____
 6. Name of Insurer: _____
 7. Present status of claim:
_____ Pending _____ Closed _____ In suit
 8. If Closed, Total Loss Paid: _____ Expense Paid: _____
 9. If pending, amount asked in summons: _____ Claimant settlement demand: _____
 10. Defendant's offer for settlement: _____ Insurer's loss reserve: _____
 11. Description of claim and events, including assessment of liability if pending: _____

Allegations claim is based on: _____

 12. Explain what action(s) have been taken to prevent a recurrence or similar claim: _____

- Signature: _____ Date: _____

Please complete and fax to OREP: Fax: (619) 704-0567 or (619) 269-3884; ph: (888) 347-5273

OREP: 6760 University Ave. #250 San Diego, CA 92115

info@orep.org

David Brauner Calif. Insurance License #0C89873