Organization of Real Estate Professionals (OREP)
6760 University Ave, Suite #250, San Diego, CA 92115
Phone: (888) 347-5273 * Fax: (619) 704-0567 or (619) 269-3884 email: info@orep.org * www.orep.org
David Brauner/David Brauner Insurance Services Calif. Lic. #0C89873 DBA/OREP

OREP Home Inspectors Errors and Omissions Insurance Premium Indication Form

Remittance of this application and payment do not constitute coverage until a written binder is issued by the Underwriter.

Simply select desired coverages and submit completed application with payment. Financing available.

Note: If you live in T CA LAFL please use this Application. AMQA [\(\) ASac^As AT OEA | \(\) Ave^A Ave Asac Application.

Please us^ the Standard Application (for quoting) if you 1) have claims in previous five years, 2) lack a minimum three years' experience inspecting or in related/construction trades, 3) have annual revenues greater than \$175,000, 4) live in HI, NY.

Your Informa	ation					
Name of App	licant (Principal):			·		
Company Na	me:					
Entity Type:	Individual	Partnership	Corporation	Other (describe)	
				ZIP:		
				Fax:		
Qualifying			liata di citta an lacca		4-11	
Yes () No (name of entity, percen		nother entity? (If yes, give de olled, etc.)	talls on a separate	
Experience				•		
1a Yrs.	Experience (Total n	umber of years inspect	ing and/or related	activities such as the constru	uction trades, remodeling, etc.)	
Claims Histo	ory					
					ectors Standard Application	
and submit w	ith details of the cla	m(s) on a separate she	eet for underwriting] .		
1b. Yes () N			gent act, error or b	reach of duty been brought a	gainst you or your firm within	
1c Ves () N		ve (5) years?	netances which co	uld result in a claim or suit ag	rainst you or your firm?	
				ensored, reprimanded or had		
	revoked by	any professional organ	nization, regulator	agency or court?		
Revenues						
				onths \$175,000 or less?		
1f. Yes () No () Are your projected annual revenues for the next 12 months \$175,000 or less? > If Yes to both 1e. and 1f. please use Rate Table below to select your premium.						
> If Yes to both Ye, and Yi, please use Rate Yable below to select your premium. > If No to either 1e or 1f. please complete and return the Standard Application for a quote.						
		·	•		•	
Services	No () Do vou provi	de architect or enginee	ring services? If v	es please call OREP for cov	erage ontions: 888-347-5273	
1g. Yes () No () Do you provide architect or engineering services? If yes, please call OREP for coverage options: 888-347-5273. 1h. Yes () No () Do you do municipal code compliance inspections? If yes, complete/return the Standard Application for a quote.						
1i. Yes () No () Is more than 50% of your total revenue from commercial inspections (residential/over 4 units and						
4: Vaa () N	commercial/industrial/office)? If yes, please complete and return the <u>Standard Application</u> for a quote. 1j. Yes () No () Do you provide Construction Draw/New Construction Inspection services? (If total revenues for either of					
ij. Yes () iv				return the Standard Applica		
1k. Yes () N	o () Do you perfor	m inspections on prope	rty you own and/o	r have an interest in (includin		
41 Van () Ni		ent/broker)? If yes, cove				
1l. Yes () No () Do you perform repair/remodel work or building services on properties you inspect? If yes, coverage can not be bound.						

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Prior acts is provided at no charge for qualified applicants with current coverage in force.						
1n	No () Do you currently have E&O coverage? If YES, what is the policy expiration date? (To qualify for prior acts coverage, you must include a copy of your current Declarations Page/proof of continuous coverage.) onot have current insurance, what is the desired effective date of insurance coverage?					
(MM/DD/YY	YY) / (Date must be no earlier than today's date.)					
This Policy p 2a.	and Contractors provides coverage for all employees/inspectors working for the firm. Total number of inspectors working for the firm (employees) including the principal. (Do not include independent) Please list names:					
2b	Total number of support staff (not inspectors).					
2c. Yes ()	No.() If YES to 2c: Do you require ICs to carry/provide proof of E&O insurance? If Yes, please skip to 2g.					

2g: Subcontractors

Dries Anto Coverne

If you subcontract "overflow" inspections to other home inspectors/firms, please note that this policy covers you for work done by a subcontractor but there is no coverage for the subcontractor under this policy. It is recommended that you require any subcontractor doing work on your behalf to carry their own E&O insurance.

2e. If NO to 2d. and you do not require ICs to carry E&O insurance, they must be covered. Up to two ICs are covered at no additional

Total number of ICs to be covered under this policy. Please list all IC's to be covered:

charge under this policy. Additional ICs after two are \$50 each.

Policy Coverage

Policy includes* E&O/General Liability, Additional Insured for Agents and other Referring Parties/Franchisors, Prior Acts for qualified applicants, Commercial Inspections, incidental Pest/Termite, Radon, Lead Paint, Pool/Spa, EIFS/Stucco, Indoor Air Quality Testing, Green Building Inspections, Infrared Thermography, Rodent Inspections. Available for additional premium: Septic/Water Testing, Mold inspection.

Select coverage limits and deductible from Rate Table below, if your <u>revenues are less than \$175,000</u> in previous or next 12 months. Companies with <u>revenues more than \$175,000</u> in the previous or next 12 months, please use <u>Standard Application</u>.

Rate Table

Errors &Omissions (E&O) Coverage Limits	ANNUAL PREMIUM \$2,500 Deductible	ANNUAL PREMIUM \$5,000 Deductible	General Liability (GL)
\$1,000,000/\$1,000,000	\$1,900	\$1,700	INCLUDED
\$500,000/\$500,000	\$1,700	\$1,550	INCLUDED
\$300,000/\$300,000	\$1,550	\$1,400	INCLUDED
\$100,000/\$300,000	\$1,400	\$1,250	INCLUDED

3. Select Pro	emium Limits & Deductible
3a. \$	Policy Coverage Limit selected from Rate Table above (required)
3b. \$	Deductible selected from Rate Table above (required)
3c. \$	Annual Premium selected from Rate Table above (required)

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Please check desired coverages and confirm qualifications. 3d. () Septic/Water Testing (Add 5% of premium selected from table.) () Yes, I am licensed/Certified for Septic/Water inspections and have satisfactori approved by a reputable home inspector/environmental association. Name or	ily completed formal septic inspection training
 3e. () Mold Testing (Add 15% of premium selected from table.) () Yes, I am licensed/Certified for Mold inspections and have satisfactorily complete a reputable home inspector/environmental association. Name of assoc.: 	
3f. Pest/Termite/WDI/WDO Inspections () Yes () No Over 10% of my revenues are from Pest/Termite/WDI/WDO Inspe If Yes to 3f, please add 5% of premium selected from table (line 3)	
Calculate Premium & Optional Coverages	
\$ Premium Selected from Rate Table on pg. 2 (line 3c.)	
Septic/Water Testing (Add 5% of premium selected.) Mold Testing (Add 15% of premium selected.) Pest/Termite/WDI/WDO (If over 10% of revenues come from Pest/Teselected as per 3f. Additional Independent Contractors after two, from line 2f (\$50 each)	•
\$ Total Premium Selected with Optional Coverage (Please use Payment Page to pay by ACH/check or credit card.)	s
I am engaged in the inspection of real property and understand that there is no coverage for any signed by the customer (required for coverage). I/We hereby declare that the above statements suppressed or misstated any material facts. I/We agree that any misrepresentation or misstate insurance. I/We agree that this application shall be the basis of the contract with the company a made basis. I understand that coverage is not in force until I receive a binder/Declarations Page	s and declarations are true and that I/We have not ment of material facts may void coverage under this and that coverage, if written, will be provided on a claims
APPLICANT'S SIGNATURE	TITLE
PRINT NAME	DATE

Important Reminders

- 1. Please make sure application is completed and signed where required.
- 2. Please fax, email or mail completed application with payment/down payment (if financing) using the OREP Payment Page.
- 3. Please remember to include a copy of your pre-inspection agreement and a summary of your experience and training. Coverage can not be bound without these items. If you have less than three years total experience inspecting and/or in the construction trades, please submit a summary of experience, training, education, licensing and certification *before submitting payment*.
- 4. If you are currently insured, please include a copy of your existing Declarations Page for Prior Acts coverage.
- 5. Confirmation of receipt of the package is typically sent same business day by OREP. If you don't receive confirmation, please follow up to verify receipt of your application package by OREP.
- 6. If you wish to finance, please return completed application without payment and request financing terms.

OREP

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PAYMENT PAGE

Paying in full: to Bind Insurance, please return (fax/email/mail) completed application & payment using pay-by-check or credit card forms below. Please note: 25% of the premium is fully earned and non-refundable.

Total Policy Amount Due (from page 3)	\$		_	
OREP Service/Processing Fee (annual) Includes Benefits (Working RE Mag., savings/ discounts on approved education and more.)	+\$ \$	5150.00	Total Insurance	+ OREP Fee
() Financing: To finance, please check box at left a financing agreement will be forwarded to you.	ind return	completed	application witho	out payment. A
Pay by Check Electronically 1. Make check payable to OREP for total amount due 2. Sign the authorization below and fax or email appl 3884 or info@orep.org. 3. Keep the physical check for your records. (Do not 4. Important: Checks drawn on a line of credit ca Authorization: Signature authorizes OREP to o	ication wi mail.) in not be	th form/che	eck: (619) 704-056 d.	
Your Signatur	e			Date Signed
Pay by Credit Card				
Type of Card: () MasterCard () Visa				
Amount Charged \$				
Cardholder's Name:				
Billing Address:				
City Stat	:e	Zip:		
Credit Card Number:				
			Exp. date: _	
Cardholder's Signature: OREP: 6760 University Ave.			Date signe	/ d/