

Prior Acts Coverage

Prior acts is provided at no charge for qualified applicants with current coverage in force.

1m. Yes () No () Do you currently have E&O coverage?

1n. _____ 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.**)

1o. If you do not have current insurance, what is the desired effective date of insurance coverage?

(MM/DD/YYYY) ___ / ___ / _____ (Date must be no earlier than today's date.)

Employees and Contractors

This Policy provides coverage for all employees/inspectors working for the firm.

2a. _____ Total number of inspectors working for the firm (employees) including the principal. (Do not include independent contractors.) Please list names: _____

2b. _____ Total number of support staff (not inspectors).

Independent Contractors (ICs)

2c. Yes () No () Do you use ICs? (1099 employees) If No, please skip to 2g.

2d. Yes () No () **If YES to 2c:** Do you require ICs to carry/provide proof of E&O insurance? If Yes, please skip to 2g.

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

2f. _____ Total number of ICs to be covered under this policy. Please list all IC's to be covered:

2g: Subcontractors

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.

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 revenues are less than \$175,000 in previous or next 12 months. Companies with revenues more than \$175,000 in the previous or next 12 months, please use [Standard Application](#).

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 Premium 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)

Select Optional Coverages (Please note that these coverages require proper training, licensing/certification.)
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 satisfactorily completed formal septic inspection training approved by a reputable home inspector/environmental association. Name of assoc.: _____

3e. () **Mold Testing** (Add 15% of premium selected from table.)

() Yes, I am licensed/Certified for Mold inspections and have satisfactorily completed formal mold inspection training approved by 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 Inspections**.

If Yes to 3f, please add 5% of premium selected from table (line 3c). \$ _____.

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/Termite/WDI/WDO, please add 5% of premium selected as per 3f.)

\$ _____ Additional Independent Contractors after two, from line 2f (\$50 each.)

\$ _____ **Total Premium Selected with Optional Coverages**

(Please use Payment Page to pay by ACH/check or credit card.)

I am engaged in the inspection of real property and understand that there is no coverage for any other activity. A pre-inspection agreement has been signed by the customer (required for coverage). 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. I understand that coverage is not in force until I receive a binder/Declarations Page from the Underwriter.

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

Phone: (888) 347-5273 (toll free) * Fax: (619) 704-0567 or (619) 269-3884 * Email: info@orep.org

David Brauner/David Brauner Insurance Services Calif. Lic. #0C89873



ORGANIZATION OF REAL ESTATE PROFESSIONALS

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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)	+\$150.00
Includes Benefits (Working RE Mag., savings/ discounts on approved education and more.)	\$ _____ Total Insurance + OREP Fee

() **Financing:** To finance, please check box at left and return completed application **without payment**. A financing agreement will be forwarded to you.

Pay by Check Electronically

1. Make check payable to OREP for total amount due and attach to this form (below).
2. Sign the authorization below and fax or email application with form/check: (619) 704-0567 or (619) 269-3884 or info@orep.org.
3. Keep the physical check for your records. (Do not mail.)
4. **Important: Checks drawn on a line of credit can not be processed.**

Authorization: Signature authorizes OREP to charge bank account as per the attached check:

_____ / /
Your Signature *Date Signed*

→ If paying by check, please attach here using credit card space below and sign authorization above

Pay by Credit Card

Type of Card: () MasterCard () Visa

Amount Charged \$ _____

Cardholder's Name: _____

Billing Address: _____

City _____ State _____ Zip: _____

Credit Card Number: _____ Exp. date: ____/____/____

Cardholder's Signature: _____ Date signed ____/____/____

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Fax: (619) 704-0567 or (619) 269-3884; Ph: 888-347-5273; email: info@orep.org