

## Inspectors General and Professional Liability Application

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

Please provide the following information along with this application:

1. Resume of all inspectors.
2. A copy of the pre-inspection agreement.
3. Copies of all training certification documents for each inspector.
4. Detailed information on all prior claims, including prior company loss runs.
5. A copy of your current Declarations Page showing the current retroactive date, if applicable. (Required for quoting)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Form of Business: ☐ Individual ☐ Partnership ☐ Corporation  
☐ LLC ☐ Other: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_

Professional and General Liability Limits Desired:

- |   |   |
|---|---|
| <input type="checkbox"/> \$250,000 Occurrence/\$250,000 Aggregate | <input type="checkbox"/> \$500,000 Occurrence/\$1,000,000 Aggregate   |
| <input type="checkbox"/> \$250,000 Occurrence/\$500,000 Aggregate | <input type="checkbox"/> \$1,000,000 Occurrence/\$1,000,000 Aggregate |
| <input type="checkbox"/> \$300,000 Occurrence/\$300,000 Aggregate | <input type="checkbox"/> \$1,000,000 Occurrence/\$2,000,000 Aggregate |
| <input type="checkbox"/> \$500,000 Occurrence/\$500,000 Aggregate | <input type="checkbox"/> \$2,000,000 Occurrence/\$2,000,000 Aggregate |

The Professional Liability limit will match the occurrence and aggregate limit chosen for General Liability. Separate limits apply to each coverage.

Professional Liability Deductible Desired:

- ☐ \$1,000 ☐ \$1,500 ☐ \$2,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

Note: There is no deductible applicable to the General Liability.

## General Information

1. Is your firm a franchise? ..... ☐ Yes ☐ No

If "yes," please provide the following:

Franchise Name	Address	City	State	Zip

2. When was your firm established? \_\_\_\_\_ \*Please attach resume/summary of experience
3. Is the applicant owned or controlled by any other firm or individual? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
4. Are any other services provided outside the scope of inspections? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
5. Has the name of the applicant been changed, or has the applicant merged with or acquired another practice unit within the past five years? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
6. Please list all states that you provide inspections in: \_\_\_\_\_  
Are you certified/licensed to inspect in these states? ..... ☐ Yes ☐ No

## Operations

### 7. STAFF

NAME	TYPE (O, E, IC)	FULL-TIME OR PART-TIME	YEARS OF EXPERIENCE	CERTIFIED (YES/NO)

**O**=Owner, partner or officer

**E**=Employed Inspector

**IC**=Independent Contractor Inspector

(See independent contractor section below—coverage for independent contractors is not automatic).

8. If less than three years of experience as Home Inspector, do they have at least three years experience in construction trade or in real estate? ..... ☐ Yes ☐ No
9. Do you belong to any professional organization? ..... ☐ Yes ☐ No  
(please check off applicable)

☐ ASHI      ☐ NACHI      ☐ NAHI      ☐ FABI      ☐ CREIA  
☐ GAHI      ☐ TAREI      ☐ ITA      ☐ AHIT      ☐ HIIA

- 10.\* Revenues: \$ \_\_\_\_\_ Next year projection (Please include revenues of ICs if applicable)  
\$ \_\_\_\_\_ Current year  
\$ \_\_\_\_\_ Last year
- 11.\* Number of inspections performed annually: \_\_\_\_\_ (if this is a new venture, please provide an estimate)

**\*Questions #10 and #11 are REQUIRED FOR QUOTING and cannot be left blank.**

**\*Percent total for all services MUST equal 100%**

12.

TYPE OF INSPECTIONS	PERCENT OF TOTAL REVENUE
..... <b>Residential Inspections</b>	..... %
..... <b>Commercial Inspections</b>	..... %
..... <b>Radon Inspections</b>	..... %
a. Do you perform remediation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is the laboratory used EPA listed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Radon Testing Equipment used? .....	
..... <b>Pool/Spa Inspections</b>	..... %
..... <b>Septic Inspections</b>	..... %
<b>Energy Audits Inspections</b>	..... %
..... <b>Water Quality Testing</b>	..... %
..... <b>HUD Inspections</b>	..... %
a. Please describe the types of HUD inspections:	
<b>Lead Inspection (excluded—see optional coverage section)</b>	..... %
<b>Termite Inspections (excluded—see optional coverage section)</b>	..... %
<b>Mold Inspections (excluded—see optional coverage section)</b>	..... %
..... <b>Construction Draw Inspections</b>	..... %
a. Who are your clients? .....	
b. Please provide a sample contract for this service. ....	
<b>Wind Mitigation Inspections</b>	..... %
<b>Infrared Thermography (IR) Inspections</b>	..... %
..... <b>4-Point Inspections</b>	..... %
..... <b>Code Compliance Inspections</b>	..... %
a. Who are your clients? .....	
b. What code is used? .....	
..... <b>Consulting Services</b>	..... %
a. Please provide a description of any consulting services performed. ....	

13. What percentage of your revenues is derived from real estate referrals? ..... %

14. Does any client represent more than twenty-five percent (25%) of your annual revenue? ..... ☐ Yes ☐ No  
If yes, please explain: .....

15. Are you a remodeling/repair contractor or a building contractor? ..... ☐ Yes ☐ No  
If yes, please explain: .....

If yes, do you have separate coverage in place? ..... ☐ Yes ☐ No

Do you perform inspection on the same properties? ..... ☐ Yes ☐ No

16. Are any inspectors degreed and/or professionally designated architects or engineers? ..... ☐ Yes ☐ No

If yes, and currently practicing, is separate coverage in place? ..... ☐ Yes ☐ No

17. Do all inspectors take photographs? ..... ☐ Yes ☐ No

### **Independent Contractors**

18. Do you utilize the services of independent contractors? ..... ☐ Yes ☐ No  
If so, what percentage of your inspections is completed by independent contractors? ..... %
19. Do you require all independent contractors to carry and provide proof of insurance? ..... ☐ Yes ☐ No  
If no, independent contractors must have coverage. Please provide the names of all independent contractors that are to be covered under this policy and provide copies of their resumes.

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### **Use of Agreements and Contracts**

20. Is the pre-inspection agreement/contract used one hundred percent (100%) of the time? ..... ☐ Yes ☐ No
21. Do you offer any guarantees or warranties? ..... ☐ Yes ☐ No  
If yes, please explain: .....

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### **Claims & Disciplinary Actions**

22. Has any inspector had their license revoked, subject to any fine, criminal penalty, been subject to disciplinary action by any state licensing board, court, regulatory authority, or professional association related to inspections? ..... ☐ Yes ☐ No  
If yes, please explain: .....

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23. During the past five years, has any insurance company denied, cancelled, or non-renewed your professional liability insurance? (not applicable to Missouri applicants) ..... ☐ Yes ☐ No  
If yes, please explain: .....

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24. Are you aware of any act, error, omission or other circumstances which might result in a claim being made against you, your firm, any current or past partner, officer, owner or employee of the applicant? ..... ☐ Yes ☐ No  
*If yes, please provide details on the attached claim supplement form.*

25. Have any claims or suits been brought against any member of the applicant, a predecessor, of the applicant or any current or past partner, officer, owner, or employee thereof during the past five years? ..... ☐ Yes ☐ No  
*If yes, please provide details on the attached claim supplement form.*

### **Previous/Current Coverage**

26. Please list the following information regarding inspectors professional liability insurance within the past five years (if no prior insurance, please write N/A).

INCEPTION (MM/DD/YY)	EXPIRATION (MM/DD/YY)	INSURANCE COMPANY	PREMIUM	LIMITS	DEDUCTIBLE
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Please provide a copy of your expiring Declaration page.

- Is the applicant's expiring policy issued on a Claims-Made basis? ..... ☐ Yes ☐ No  
If yes, please provide the Retroactive Date of the expiring policy: .....

27. Please list the following information regarding home inspectors General Liability insurance within the past five years (if no prior insurance please write N/A).

INCEPTION (MM/DD/YY)	EXPIRATION (MM/DD/YY)	INSURANCE COMPANY	PREMIUM	LIMITS	DEDUCTIBLE
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Please provide a copy of your expiring Declaration page.

### **Optional Coverage**

Please check off any optional coverage that is desired.

☐ **Termite Inspections**

Estimated total revenue for the next twelve (12) months from this service:..... \$

Do you provide treatment? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Please select limit desired: ☐ \$100,000/\$100,000 ☐ \$250,000/\$250,000 ☐ \$500,000/\$500,000

☐ **Lead Inspections—\$100,000/\$100,000 limit**

Estimated total revenue for the next twelve (12) months from this service:..... \$

Do you provide lead remediation or consulting services? ..... ☐ Yes ☐ No

☐ **Mold Inspections—\$100,000/\$100,000 limit**

Estimated total revenue for the next twelve (12) months from this service:..... \$

Do you provide mold remediation or consulting services? ..... ☐ Yes ☐ No

☐ **Property Coverage (if checked, complete supplemental property application)**

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

### **NOTICE TO APPLICANT—PLEASE CAREFULLY READ THE FOLLOWING:**

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (Applicable in Tennessee, Virginia and Washington):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

SUBMIT THIS APPLICATION TO:

Inspectors@orep.org or fax to (708)570-5786

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

## **SUPPLEMENTAL CLAIM / INCIDENT INFORMATION**

This form should be completed for each claim, suit or incident Applicant is aware of after inquiry of all partners, officers, owners and employees.

Please ensure that all questions are answered completely.

1. Full name of Applicant or Insured: \_\_\_\_\_
2. Full name of Applicant who reported claim: \_\_\_\_\_
3. Full name of claimant: \_\_\_\_\_
4. Indicate whether: ☐ Claim/suit ☐ Incident
5. Date of alleged error: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Date you became aware of alleged error: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
7. Date it was reported to your insurance carrier: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of your insurance carrier: \_\_\_\_\_
8. Additional defendants: \_\_\_\_\_
9. a. IF CLAIM CLOSED indicate date closed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Total amount paid \$ \_\_\_\_\_  
b. Of the total amount paid, how much was paid for legal expenses: \$ \_\_\_\_\_  
What was your deductible: \$ \_\_\_\_\_
10. IF PENDING, PLEASE SEND SUIT PAPERS AND ANSWER ALL QUESTIONS BELOW:
  - a. Claimant's settlement demand \$ \_\_\_\_\_
  - b. Defendant's offer for settlement \$ \_\_\_\_\_
  - c. Insurer's loss reserve \$ \_\_\_\_\_  
(Available by calling your insurance company and/or defense counsel)
  - d. Is claim in suit? ☐ Yes ☐ No  
If yes, amount asked in summons \$ \_\_\_\_\_
  - e. Limits of liability \_\_\_\_\_ Deductible \_\_\_\_\_
11. Name of insurance carrier responding to this claim or incident: \_\_\_\_\_
12. Provide a brief description of the claim, indicating the alleged error, type of engagement and alleged injury.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Date (month-day-year)