

Organization of Real Estate Professionals (OREP)
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 Phone: (888) 347-5273 * Fax: (619) 704-0567 or (619) 269-3884
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 OREP—Organization of Real Estate Professionals Insurance Services, LLC
 Calif. Insurance Lic. 0K99465



**OREP Home Inspector Professional Liability
 Errors & Omissions (E&O) & GL Insurance Application**

CLAIMS-MADE WARNING FOR APPLICATION: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE & COVERAGE RESTRICTIONS.

Whenever used in this Application, the term “Applicant” shall mean the **Named Insured**, unless otherwise stated.

OREP Program Minimum Premiums E&O/GL

| State | \$100,000/\$300,000 Limit | \$500,000/\$500,000 Limit | \$1 Million / \$1 Million Limit |
|------------------|---------------------------|---------------------------|---------------------------------|
| TX | \$850 | \$1,200 | \$1,350 |
| CA, FL, NJ, NY | \$1,200 | \$1,400 | \$1,550 |
| All Other States | \$975 | \$1,300 | \$1,450 |

Minimum premiums noted above include a \$1,500 deductible and are conditional on claims history, revenues, three year’s experience inspecting and other underwriting factors. State surplus lines taxes and fees additional where applicable. Coverage package includes E&O/General Liability plus coverage for all these [additional services FREE](#) (see question 35). Additional limits and deductibles available.

Personal

1. Full legal name of Applicant / Business Name (including any aliases):

Name of Principal / Primary Home Inspector: _____

2. Address of Applicant (**Please list additional locations on a separate page**)

 City: _____ State: _____ ZIP Code: _____
 Telephone: _____ Website: _____
 Year Bus. Established _____ Email: _____

3. Is the Applicant a franchisee? Yes No

If “yes,” please provide the full legal name of the franchisor: _____

Principal/Applicant’s Experience and Training

4. Applicant’s/Principal’s Years of Experience:
- a. Home Inspecting Experience: Less than 3 Years 3-7 Years 7 Years+
 - b. Related Industry Experience (?): Less than 3 Years 3-7 Years 7 Years+

(?) *Related industry experience includes experience in construction and building related professions, such as builders, contractors, general contractors, construction project managers, plumbers, carpenters, or electricians and/or Certificates of home inspector training from a recognized training program.*

5. Principal's/Applicant's Licensing

- Is Applicant Licensed by all States in which they do business (where required)? Yes No Not Required

6. Principal's/Applicant's Training

-Please list home inspector training school (s) applicant has attended (if any):

- American Society of Home Inspectors (ASHI)
- International Association of Certified Home Inspectors (InterNACHI)
- American Home Inspector Training (AHIT)
- Other _____

→ Have not attended inspection training school

Financial

7. Revenue/Number of Inspections

| | Previous Complete Calendar Year | | Estimate Next 12 Months <small>(New inspectors, please estimate. Please do not leave this section blank.)</small> | |
|------------------------|---------------------------------|-----------------------------|--|-----------------------------|
| | Revenue | Total Number of Inspections | Revenue | Total Number of Inspections |
| Residential 1-4 units | \$ | | \$ | |
| | | | | |
| *Commercial | \$ | | \$ | |
| Other (please explain) | \$ | | \$ | |
| Total | \$ | | \$ | |

***Commercial Property** means any building greater than a 4 family dwelling (up to 100,000 sq. ft. If you require coverage for commercial inspections greater than 100,000 sq. ft., please contact OREP (888) 347-5273.

8. Have you experienced a bankruptcy in the last seven years? Yes No

Operations

9. Does any single client represent more than 25% of the Applicant's gross revenue? Yes No

If "yes," please provide details: _____

10. Do you do Compliance Inspections for building codes and ordinances, zoning regulations or contract specifications?

Yes No

11. Is the Applicant the exclusive inspector for any real estate agency, developer, and/or builder? Yes No

12. Are you involved in the auction of personal property? Yes No

13. Do you provide architectural, engineering, general contracting, environmental consulting/remediation, radon/pollutant mitigation, real estate sales or appraising? Yes No

14. Does applicant or any business partner, officer, owner, director, franchise company or employee operate as Builder, contractor, repair company remodeling company or sell materials or furnish any type of product or service other than inspection-related services (excluding 90-day home warranties). Yes No
If yes please explain: _____

15. Have you or your partners, officers, owners, principals, directors, franchise company, employees entered into any hold harmless agreements (excluding limit of liability clause in contract)? Yes No

16. Do you perform inspections on property you own and/or have an interest in (including as a real estate agent/broker)? Yes No (If yes, you are not eligible for coverage.)

17. Do you perform repair/remodel work or building services on properties you inspect? Yes No
(If yes, you are not eligible for coverage.)

18. Does the Applicant or any firm member hold other professional licenses? Yes No

If Yes, please list licenses below: THIS POLICY PROVIDES COVERAGE FOR HOME INSPECTION SERVICES ONLY. Coverage does not apply to any repair or mitigation work. By submitting this application, applicant agrees that coverage does not apply to professional services other than home inspection and home inspection-related services. Please contact OREP with any questions. (888-347-5273 or inspectors@orep.org)

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| |
| |

Risk Management

19. Is a written pre-inspection agreement signed prior to each inspection? Yes No

A copy of your pre-inspection agreement must be on file prior to the issuance of your policy, please email it to inspectors@orep.org. **Note: A signed Pre-Inspection Agreement is a Condition of Coverage.**

20. What is the source of your inspection agreement?
 Attorney Professional Association Training/School Franchisor Other: _____

21. Does your pre-inspection agreement contain a limitation of liability clause? (?) Yes No
(?) A Limitation of liability clause can reduce your premium.

22. Do you take Digital Photos of your inspections. Yes No

22a. If yes, is there a method to authenticate the date and time the picture was taken? Yes No

23. Please list Inspection Standards / Standard of Practice the Applicant uses.

24. Please list any professional associations Applicant belongs to _____

***Membership in a professional association can reduce your premium.*

25. Does Applicant take continuing education and/or training yearly? (?) Yes No

(?) A continuing education program can reduce your premium.

26. Report Format: Is your Inspection Report Standardized: Yes No

Please check all that apply: Software Paper/checklist Other

27. Do you currently perform three or more home inspections per day on a regular basis, per inspector? Yes No

Staff/Additional Inspectors

28. Please complete the following information:

| Staff/Employees (Including yourself/Applicant) | # Full Time | # Part Time |
|--|-------------|-------------|
| # Home Inspectors | | |
| # Non-Inspectors | | |

28a. (Applicable only to firms with more than one inspector)

| Employees |
|--|
| Please list all home inspectors, including the principal / primary home inspector. |
| |
| |
| |
| |

29. Do you use Independent Contractors? Yes No

29a. If yes, please provide the following additional information for each Independent Contractor (IC) you wish to insure.

| Independent Contractor Name (Please include additional names on a separate sheet) | Does Inspector/IC have professional liability insurance coverage (E&O)? |
|--|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please note: Coverage for independent contractors applies ONLY to Work Completed for the Company Named in Line One. All independent contractors must use the inspection agreement of the named insured as a condition of coverage.

30. Are all home inspectors/ICs licensed (in states where required)? Yes No

Insurance & Coverages Section

31. Current Coverage: Is the Applicant's firm currently insured for professional liability (E&O)? Yes No

If "No": Any policy issued will be effective no earlier than the date your agent receives your completed and signed application and premium payment.

If yes, a copy of your current policy declarations page showing your policy's retroactive date is required to receive prior acts coverage. Please email: inspectors@orep.org.

32. Select Desired Coverage: Please indicate limits of liability requested (you may select more than one):

- \$100,000 Per Claim/ \$300,000 Aggregate \$500,000 Per Claim / \$500,000 Aggregate
 \$1,000,000 Per Claim/ \$1,000,000 Aggregate
 Request a different Limit: _____

33. \$1,500 / \$2,500 Program Deductibles:

Standard deductible is \$2,500. A \$1,500 deductible will be automatically offered at no additional premium to applicants who qualify, based on experience, claims history and other underwriting.

Request quote with \$5,000 deductible.

34. Additional Inspection-Related Coverage(s)

This E&O policy includes the following coverage endorsements built in to base policy:

- General Liability-Off Premises Coverage
- Referral Coverage / Blanket Additional Insured
- Personal Injury
- Loss of Earnings
- Coverage for Civil, administrative or regulatory investigation against any "insured" commenced by the filing of a notice of charges, investigative order or similar document; or "disciplinary proceeding".

Additional Coverages listed below are included at no additional premium. Extra premium required for mold testing, septic and water testing (see below).

Note: Coverages below are included at **No Additional Premium** except where noted. Please check coverages/services you provide. Please forward to inspectors@orep.org your background, training, experience, certification or licensing with the services/tests selected.

- Pool & Spa Inspection
- Air Quality Testing
- Infrared Thermal Inspections
- Lead Paint Inspections
- Exterior Insulation Finish Systems (EIFS) Inspections
- Green Building Inspections
- Wind Mitigation Inspections
- Radon Inspection Endorsement
- Termite/WDI Liability (Incidental Only)
- Carbon Monoxide
- Rodent Inspections
- Energy Rating
- Drone
- Septic/Water Testing / Sewer Scoping (**Adds 5% Premium**)
- Mold Testing (**Adds 15% Premium**)

- Cyber Protection:** I would like information on [Cyber Coverage](#) (\$89 for \$100,000 limits; \$59 for \$50,000 limits)

Loss History

35. Does any person or entity proposed for insurance have knowledge of any act, error or omission that occurred within the past 5 years which might give rise to a claim(s) under the proposed policy? Yes No

If "yes", please email a detailed description to inspectors@orep.org of such act, error or omission and an explanation of why to a claim may arise.

36. Has any person or entity proposed for this insurance been the subject of any professional Yes No liability claims, circumstance or potential claim during the past five years?

If "yes," please email your loss-runs to inspectors@orep.org or complete the table below. Loss runs can be obtained from your current insurer.

37. Have you or anyone in your firm ever been criticized, censored, reprimanded or had any license suspended or revoked by any professional organization, regulatory agency or court? Yes No

If "yes", please email a detailed description to inspectors@orep.org.

38. During the past five years, has any insurance company denied, cancelled or non-renewed your professional liability insurance? Yes No

If "yes", please email a detailed description to inspectors@orep.org.

DECLARATIONS AND NOTICE

NOTICE TO APPLICANT

If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any lawyer listed in this application, you should immediately file a report with your current carrier.

This application forms a part of your policy, if issued.

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance **policy** provided by **us**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **us**.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the **policy** inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to **us** immediately;
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then coverage may be denied or canceled if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then coverage may be denied or canceled if such information was material to issuance of the **policy**;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature/Title

(Date)

(Applicant/Principal)

(Date)

(Print Name)

(Date)

(Print Title)

FOR A QUOTE:

RETURN YOUR COMPLETED APPLICATION TO INSPECTORS@OREP.ORG

Please make sure to save the form to your computer before submitting or it will be blank.

OREP

Phone: (888) 347-5273 (toll free) |

Fax: (619) 704-0567 or (619) 269-3884

Email: inspectors@orep.org

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Important Reminders

1. Please make sure application is completed and signed where required.
2. Please remember to include a copy of your pre-inspection agreement and a summary of your experience and training if less than three years inspecting. 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.
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.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA 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 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 provide 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: 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 of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND 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 KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON 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 include imprisonment, fines and 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 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 MICHIGAN AND MINNESOTA APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO AND 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 civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.