



ROOFING INSPECTORS INSURANCE APPLICATION

Email Your
Completed **Application**
to: inspectors@orep.org

APPLICANT'S GENERAL INFORMATION:

1. Applicant Name: _____

2. Street Address: _____
City, State And Zip: _____

Website: _____
Main Contact: _____ Phone: _____ Email: _____

3. Date Established: _____

4. Principal's Years of Experience: _____ Principal's Years Licensed: _____
Number of Employees: _____ Number of Inspectors (including IC's*): _____
Average Experience of Employees: _____ Average Experience of Inspectors: _____
*IC's = Independent Contractors

5. Current Coverage: Check here if no current coverage in place
Renewal Date: _____ Carrier: _____ Limits: _____
Deductible: _____ Retro Active Date: _____ Premium: _____

6. Requested Options:

	Option 1	Option 2	Option 3
Limits:			
Deductible:			
Target Premium:			

Applicants Services

7. List all states where applicant performs Services: _____

8. Type of Roofing Inspected/Certified::

_____ % Aluminum	_____ % Concrete	_____ % Tar/Gravel
_____ % Asbestos Shingle	_____ % Metal	_____ % Wood
_____ % Asphalt	_____ % Shingle	_____ % Other (describe): _____
_____ % Composition	_____ % Tile	

9. **GROSS REVENUES**

	Previous Year	Last Year	Upcoming Year Estimate
Commercial:	\$ _____	\$ _____	\$ _____
Residential:	\$ _____	\$ _____	\$ _____
Annual Number of Inspection:	_____	_____	_____

Other Services: _____

10. Source of Business (check all that apply)

<input type="checkbox"/> Finance Company/Mortgage Broker	<input type="checkbox"/> Insurance Companies	<input type="checkbox"/> Real Estate/Relocation Companies
<input type="checkbox"/> Individual Seller	<input type="checkbox"/> Prospective Buyers	<input type="checkbox"/> Other: _____

11. Highest Value Property: \$ _____ Average Value Property: \$ _____

12. Does applicant perform inspections/certifications on work performed by applicant? Yes No

APPLICANT'S PROCEDURES AND CONTRACTS

13. Does the applicant require independent contractors to carry their own professional liability?
If yes: Yes No

- Required Limit of Liability: _____ Is the applicant named as an Additional Insured? Yes No
- Does the applicant keep Certificates of Insurance on file for independent contractors? Yes No
14. Do you use the NRCIA Inspection Software? Yes No
15. What is the percentage of work done with a written contract or agreement in place? _____

PROVIDE COPY OF CURRENT INSPECTION AGREEMENT

APPLICANT'S CLAIM/LOSS HISTORY

16. In the past 5 years, have any claims or suits been made against the applicant including claims made against any predecessors, subsidiaries or affiliates or against any past or present owners, directors, officers, salespersons or employees? Yes No
17. After inquiry of each person proposed for insurance, is the applicant aware of any facts, situations, complaints, acts, errors or omissions that could result in claims or suits being made against the applicant including claims made against any predecessors, subsidiaries or affiliates or against any past or present owners, directors, officers, salespersons or employees? Yes No
18. Has the applicant, any predecessor, subsidiary or affiliate or any past or present owner, director, officer, salesperson or employee ever been subject to a disciplinary action by any State Licensing Agency or other regulatory body? Yes No
19. Has the applicant ever been non-renewed, cancelled or refused insurance as a result of anything other than non-payment of premium? Yes No

IF CURRENT COVERAGE IN PLACE, PROVIDE 5 YEAR LOSS RUNS

The Applicant, on behalf of all persons applying for coverage hereunder, hereby declares that the above particulars and statements are true and that I/we have not omitted or suppressed or misstated any material facts and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any error or omission on the part of me/us or any proposed insured and, agree that this Application Form shall be the basis of any policy of insurance which may be issued by the company and shall be deemed a part thereof; one signed copy to be attached to the policy, if issued. The Applicant hereby authorizes the Company, by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any other source, which the Company deems important in the underwriting of the insurance applied for by this application. It is agreed that the signature to this form does not bind the company or the Applicant to complete this insurance. The Applicant declares that any event or occurrence that happens prior to the effective date of coverage which may cause any statement to be untrue or incomplete will be reported in writing to the insurer's representative prior to coverage being bound. Any claim, circumstance, error or omission known to the Applicant prior to the effective date of coverage will NOT be covered.

Application must be completed, signed & dated by a principal, owner, director or officer of the Applicant Company.

Full Name (Print)

Title (Print)

Signature

Date (Month/Day/Year)

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