



Type of Inspection	Percent of total revenue
Last 12 months	
Structural	_____ %
Mechanical	_____ %
Pest	_____ %
Mold	_____ %
Safety	_____ %
Construction	_____ %
Septic/On-site Sewage	_____ %
Radon	_____ %
Lead	_____ %
Other – describe _____	_____ %
	100%

Source of Business	Percent of Total Revenue
Last 12 months	
Individual Seller	_____ %
Prospective Buyers	_____ %
Real Estate/Relocation Company	_____ %
Finance Company/Mortgage Broker	_____ %
Other, please describe _____	_____ %
	100%

10. a. What type of inspection report do you use?  
 Narrative       Checklist       Verbal
- b. What inspection standards are used?  
 ASHI       NAHI       FABI       GAHI       CREIA  
 Other – describe \_\_\_\_\_
- c. Do you currently use a pre-inspection agreement when performing a home inspection?       Yes       No  
*Attach a copy of the agreement.*
- d. Are the agreements signed in advance by your customer?       Yes       No
- e. If agreements are used less than 100% of the time, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. Do you offer any warranties or guarantees?       Yes       No  
If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Are you an exclusive home inspector for any one realtor or real estate company?       Yes       No  
If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Are you a licensed real estate agent?       Yes       No  
If yes, do you inspect any homes which you have listed as a real estate agent?       Yes       No  
Does the real estate operation carry separate professional liability coverage?       Yes       No
13. Are you a builder, contractor or repair/remodeling contractor?       Yes       No  
If yes, do you provide any of these services to the same properties that you inspect?       Yes       No
14. Are you affiliated with any of the professional home inspection organizations?       Yes       No  
Check all that apply.       ASHI       NAHI       FABI       GAHI       CREIA  
 Other – describe \_\_\_\_\_

15. Previous coverage:
- a. Errors & Omissions
- | Policy Period | Carrier | Limits | Deductible | Premium |
|---------------|---------|--------|------------|---------|
|               |         |        |            |         |
|               |         |        |            |         |
- Is coverage written on a claims made basis?  Yes  No If yes, what is the current retroactive date? \_\_\_\_\_
- b. General Liability
- | Policy Period | Carrier | Limits | Deductible | Premium |
|---------------|---------|--------|------------|---------|
|               |         |        |            |         |
|               |         |        |            |         |
16. Have any claims (including violation of fair housing laws) been made against your firm or anyone indicated in question 7  
 Yes  No If yes, provide details on the attached claim supplement form.
17. Are you aware of any act, error, omission or other circumstances which might reasonable be expected to be the basis of a claim or suit against your or anyone indicated in question 7  
 Yes  No If yes, provide details on the attached claim supplement form.  
*Please attach five year company loss runs.*
18. During the past five year has any insurance company declined, cancelled or refused to renew coverage for the applicant or anyone named in question #7.  Yes  No If yes, provide details.
19. Please provide experience resume for each inspector.
20. Please include a copy of any brochures

**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. It is understood and agreed that completion of this application does not bind the company to provide coverage or the applicant to purchase the insurance.**

APPLICANTS SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTNAME \_\_\_\_\_ DATE \_\_\_\_\_

Application must be signed and dated by a principal of the firm to be considered for quotation.

**SUPPLEMENTAL CLAIM INFORMATION**

1. Your name: \_\_\_\_\_

2. Full name of individual involved in the claim: \_\_\_\_\_

3. Full name of claimant: \_\_\_\_\_

4. Date of alleged error: \_\_\_\_\_ 5: Date of claim: \_\_\_\_\_

5. Additional defendants: \_\_\_\_\_

6. Name of Insurer: \_\_\_\_\_

7. Present status of claim:  
\_\_\_\_\_ Pending \_\_\_\_\_ Closed \_\_\_\_\_ In suit

8. If Closed, Total Loss Paid: \_\_\_\_\_ Expense Paid: \_\_\_\_\_

9. If pending, amount asked in summons: \_\_\_\_\_ Claimant settlement demand: \_\_\_\_\_

10. Defendant's offer for settlement: \_\_\_\_\_ Insurer's loss reserve: \_\_\_\_\_

11. Description of claim and events, including assessment of liability if pending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allegations claim is based on: \_\_\_\_\_

\_\_\_\_\_

12. Explain what action(s) have been taken to prevent a recurrence or similar claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INDIVIDUAL CLAIM DATA REPORT

APPLICANT'S INSTRUCTIONS:

1. This form is to be completed by Applicant regarding any claim or suit during the past five (5) years or any facts, circumstances, acts, errors, or omissions of which applicant is aware which may give rise to a claim. COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.
2. If additional "Individual Claim Data Reports" are required, please photocopy blank report.
3. If space is insufficient to answer any question fully, attach a separate sheet.
4. Answer all questions completely.

(PLEASE TYPE OR PRINT)

1. Full name of Applicant:  
\_\_\_\_\_
2. Full name of individual(s) involved or named in the claim:  
\_\_\_\_\_
3. Full name of Claimant:  
\_\_\_\_\_
4. Indicate whether: Claim/suit: \_\_\_\_\_ Incident: \_\_\_\_\_
5. Date of alleged error: \_\_\_\_\_ Date of claim: \_\_\_\_\_
6. Additional defendant (if any):  
\_\_\_\_\_
7. IF CLOSED:  
Total Loss Paid including Deductible: \$ \_\_\_\_\_  
Legal Expenses Paid: \$ \_\_\_\_\_
8. IF PENDING:  
Claimant's settlement demand \$ \_\_\_\_\_ Loss reserves \$ \_\_\_\_\_  
Defendant's offer of settlement \$ \_\_\_\_\_ Loss paid to date \$ \_\_\_\_\_  
Expense reserves \$ \_\_\_\_\_ Expenses paid to date \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_ Is claim in suit: Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Amount asked in summons? \$ \_\_\_\_\_
9. Name of Insurer (if any) : \_\_\_\_\_
10. Description of claim: (Provide enough information to allow evaluation and use back of this page or separate exhibit if additional space is required.)
  - A. Alleged act, error or omission upon which claimant bases claim:  
\_\_\_\_\_  
\_\_\_\_\_
  - B. Description of the type and extent or injury or damage allegedly sustained:  
\_\_\_\_\_  
\_\_\_\_\_

I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_