



BUSINESSRISKPARTNERS

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Home Inspectors Professional Liability Application

To apply online, please go to www.inspectorinsurance.com

Please complete the application by either entering the required information directly from your keyboard or printing the application and entering the information by hand. You will need Adobe Acrobat Reader Version 4.0 (at minimum). Please fax the completed application to (860) 903-0001.

For questions, please contact Christy Hawthorne at (866) 268-1327.

General Information

1. Company Name
(Applicant)

Street

City

State

Zip

Telephone

Fax

E-mail Address

Website

Contact Person:

2. Please list the states in which the Applicant provides services.

Description of Business

3. Please indicate the total revenue for the following fiscal years for both the Applicant and any subsidiaries performing professional services sought to be covered under this policy.

Current Year:

Last Year:

Next Year (projected):

4. How many years has the Applicant been in business?
If less than 2 years, please describe any formal training or related experience that has been completed by the applicant and/or staff. Please do this in the additional note section at the end of the application.

5. How many inspections annually does the Applicant perform?

6. What percentage of the Applicant's revenue is derived from:
Commerical Inspections:
Residential Inspections:

7. Do you want this policy to include coverage for commerical inspections? Yes No

8. Please indicate the total number of Home Inspectors including yourself (do not include independent contractors).

9. Please indicate the total number of independent contractors.

10. Does the applicant want coverage for independent cntractors? Yes No

A. If yes, please list the names of the independent contractors:

B. If no, does the applicant contractually require independent contractors to maintain Errors and Omission Insurance? Yes No

11. How many of these employees provide inspection services? (including the applicant)

12. Does the Applicant have a signed contract in place with clients?
All of the time Most of the time Some of the time Never

13. Does the Applicant's inspection agreement contracts contain a Limitaion of Liability provision?

Yes No

14. Is the applicant engaged in any other business or profession other than Home Inspections?

No Yes - If yes, please describe and include estimated annual revenue.

15. Is the Applicant an ASHI member? Members and Candidates, please list ASHI number. (Credit cannot be given without valid member/candidate number.)

Member # Candidate # No

Description of Business (Continued)

16. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of disciplinary or criminal actions as a result of their professional activities?

No Yes

If you answered "yes" to the above question, please describe:

17. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?

No Yes

If you answered "yes" to the above question, please describe including name of claimant; type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts:

18. Does the Applicant, Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business?

No Yes

If you answered "yes" to the above question, please describe:

It is understood and agreed that if the answer to the previous three queries is "yes", any such claim or potential claim is specifically excluded from this proposed coverage.

19. List any other industry associations/memberships with which the Applicant is affiliated.

20. Please indicate desired coverage terms.

Limit

Retention (\$5,000 minimum)

Retro Date *If no retroactive date is selected, proposed coverage will begin on the policy effective date.*

21. Please provide any additional information or coverage requests that might be helpful in evaluating this Application. Please attach any necessary documentation.

22. OPTIONAL: In order to best meet your coverage needs, please provide the following information about the Applicant's current policy.

Carrier	Premium
Limit	Retro Date
Retention	Expiration

Notice to Applicant: Please Read Carefully.

Warranty: The undersigned warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business including, but not limited to the size of the firm, the area of business engaged in by the firm and the information contained on each Supplemental application submitted by the Applicant.

SIGNATURE:

TITLE:

DATE: