HOME & BUILDING INSPECTORS ERRORS & OMISSIONS

City: State: ZIP: Telephone: ()		Name of Applicant (Company Name if applicable):Street:							
2. Requested Effective Date:/	City	<u></u>	State:		ZIP:				
3. Date Firm Established:			Fax Num	ber: ()					
4. Contact Person: Limits of Liability Requested \$100,000/\$100,000 \$500,000/\$500,000 \$1,000 \$5,000 \$300,000/\$300,000 \$1,000,000/\$1,000,000 \$2,500 Other \$	2. Req	uested Effective Date://							
Staff (Indicate Numbers) Staff (Indicate Numbers) Full Time Part Time Years of Related Experience Construction or Inspection Inspection (Indicate Numbers) Principals, Partners, Officers Inspectors (not owner, partner or officer) Other Employees (include clerical)	3. Dat	e Firm Established://_							
\$100,000/\$100,000 \$500,000 \$1,000 \$1,000 \$5,000 \$300,000 \$1,000 \$300,000 \$1,000,000 \$1,000,000 \$2,500 Other \$ 6. Has your firm name ever changed or has there been any acquisition, consolidation, dissolution, merger or change in business organization? If yes, explain 7. Staff (Indicate Numbers) Full Time Part Time Years of Related Experience Construction or Inspection In Principals, Partners, Officers Inspectors (not owner, partner or officer) Other Employees (include clerical) 8. What percentage of your work involves the subcontracting of work to others? Yes No If yes, what limit of liability do you require? \$ If yes, do you obtain a certificate of insurance? Yes No If yes, do you obtain a certificate of insurance? If you want to include coverage for subcontractors, please provide the following: Name of subcontractor, subcontractor resume, advise type of inspections that will be performed by the subcontra revenues they will generate. Be sure to include their revenues in your total revenues listed in Question #9 below. 9. Provide the following information: Last 12 months Next 12 months Number of Inspections Average Fee per Inspection Gross Annual Revenue Type of Building Percent of total revenue Type of Building Percent of total revenue Last 12 months Residential – less than 4 units Residential – over 4 units Commercial/Industrial/Office	4. Con	tact Person:							
business organization? If yes, explain Staff (Indicate Numbers) Full Time Part Time Years of Related Experienc Construction or Inspection In Principals, Partners, Officers Inspectors (not owner, partner or officer) Other Employees (include clerical) 8. What percentage of your work involves the subcontracting of work to others? Do you require independent contractors to carry their own professional liability insurance? Yes No If yes, what limit of liability do you require? If yes, do you obtain a certificate of insurance? If you want to include coverage for subcontractors, please provide the following: Name of subcontractor, subcontractor resume, advise type of inspections that will be performed by the subcontractor revenues they will generate. Be sure to include their revenues in your total revenues listed in Question #9 below. 9. Provide the following information: Last 12 months Number of Inspections Average Fee per Inspection Gross Annual Revenue Type of Building Percent of total revenue Last 12 months Residential – less than 4 units Residential – over 4 units Commercial/Industrial/Office Yes	5. <u>Lim</u>	\$100,000/\$100,000 \$50		\$1,00	\$5,000				
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Residential – less than 4 units	Nur Ave	nber of Inspections erage Fee per Inspection	Last 12 months	Next 12 me	onths				
Residential – less than 4 units Residential – over 4 units Commercial/Industrial/Office Last 12 months % 6% 6% 7% 7% 8% 9% 10% 10% 10% 10% 10% 10% 10%	Tyn	e of Building	D	ercent of total reve	enii e				
Residential – less than 4 units% Residential – over 4 units% Commercial/Industrial/Office%	<u>1 y p</u>								
100%	Res Con	idential – over 4 units		% % % %					

<u>1 yp</u>	e of inspection	Percent of total revenue		
G.	. 1	Last 12 months		
	ctural	% 		
	hanical	% 		
Pest				
Mol				
Safe				
	struction			
-	ic/On-site Sewage			
Rad	on	%		
Lead				
Othe	er – describe	%		
		100%		
~	45			
Sou	rce of Business	Percent of Total Revenue		
		Last 12 months		
	vidual Seller			
	pective Buyers	%		
	Estate/Relocation Company	%		
	nce Company/Mortgage Broker	%		
Othe	er, please describe			
		100%		
a.	What type of inspection report do you use?			
	NarrativeChecklist	Verbal		
b.	What inspection standards are used?			
	ASHINAHIFABI	GAHICREIA		
c.	Other – describe	Yes	No	
	Attach a copy of the agreement.			
d.	Are the agreements signed in advance by your cust	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			
	y, <u>-</u>			
	you an exclusive home inspector for any one realtor or	real estate company?	Yes	_No
If ye	s, explain			
Are	you a licensed real estate agent?		Yes	No
	es, do you inspect any homes which you have listed as a	real estate agent?	Yes	-No
	s the real estate operation carry separate professional lia		Yes	_No
Duc	s the real estate operation earry separate professional file	ionity coverage:	165	110
	you a builder, contractor or repair/remodeling contractor		Yes	_No
If ye	s, do you provide any of these services to the same prop	perties that you inspect?	Yes	_No
Are	you affiliated with any of the professional home inspec	tion organizations?	Yes	_No
	ck all that applyASHINAHI	FABIGAHI	CREIA	
	Other – describe	-		

a.	Errors & Omissions	~ .			
	Policy Period	Carrier	Limits	Deductible	Premium
Is con				what is the current retroactive	
is cov	rerage written on a ciam	is made basis? _	res no ii yes,	what is the current retroactive	e date!
b.	General Liability Policy Period	Carrier	Limits	Deductible	Premium
		olation of fair ho	ousing laws) been made	against your firm or anyone ement form.	
claim	or suit against your or a	nyone indicated	in question 7	nich might reasonable be exp	pected to be the basis of a
	YesNo If yes, pr e attach five year comp		ine attached claim suppl	ement form.	
Please Durin	e attach five year comp	any loss runs. any insurance con	mpany declined, cancel	ed or refused to renew cover	rage for the applicant or
Please Durin anyon	e attach five year composing the past five year has	any loss runs. any insurance conYes	mpany declined, cancel _No If yes, provide d	ed or refused to renew cover	rage for the applicant or
Durin anyon Please	e attach five year company the past five year has an enamed in question #7	any loss runs. any insurance conYes ume for each insp	mpany declined, cancel _No If yes, provide d	ed or refused to renew cover	rage for the applicant or
Please Please I/We misst: cover	e attach five year compared the past five year has an enamed in question #7 e provide experience result include a copy of any behaved any material facts rage under this insuran hat coverage, if written	any loss runs. any insurance con Yes ume for each insporochures e above statement i. I/We agree the ce. I/We agree the i. will be provide	mpany declined, cancel No If yes, provide depector. nts and declarations at any misrepresentation shed on a claims made be	ed or refused to renew cover	not suppressed or erial facts may void ract with the company greed that completion of
Please Please I/We misstacover and the	e attach five year compared the past five year has an enamed in question #7 e provide experience result include a copy of any behaved any material facts rage under this insuran hat coverage, if written	any loss runs. any insurance con Yes ume for each inspondences e above statement i. I/We agree the ce. I/We agree the i. will be provided the company	mpany declined, cancel. No If yes, provide depector. Ints and declarations and at any misrepresentations that this application shed on a claims made beto provide coverage or	ed or refused to renew cover etails. The true and that I/We have on or misstatement of materiall be the basis of the contrasts. It is understood and a the applicant to purchase	not suppressed or erial facts may void ract with the company greed that completion of

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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 defendents:					
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 sett	lement 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:				

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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.

	1	1 ,	(PLEASE TYP	E OR PRIN	Γ)		
1.	Full name of A	Full name of Applicant:					
2.	Full name of ir	Full name of individual(s) involved or named in the claim:					
3.	Full name of C	aimant:					
4.	Indicate wheth						
5.	Date of alleged	l error:	Date of	of claim:			
6.	Additional def	fendant (if any):					
7.	IF CLOSED:						
	Total Loss Paid including Deductible: \$					-	
	Legal Expense	s Paid: \$					
8.	IF PENDING:						
	Claimant's sett	tlement demand \$		Loss reserve	es \$	_	
	Defendant's of	ffer of settlement \$		Loss paid	to date \$	-	
	Expense reserv	ves \$	Expense	es paid to da	ate \$		
	Deductible \$_		_ Is claim in suit:	Yes	No		
	If Yes, Amoun	t asked in summons?	\$			-	
9.	Name of Insur	er (if any) :				_	
10.	Description of additional space		gh information to all	ow evaluatio	on and use back of	this page or separate exhibit if	
	A.	Alleged act, error or					
	В.	Description of the ty	pe and extent or inj	ury or dama	ige allegedly sustai	ned:	
I und	lerstand informati	ion submitted herein b	pecomes a part of the	e proposal a	nd is subject to the	same warranty and conditions.	
Signa	ature of Applicant	<u>-</u>	I	Date			