



Yes No This is a home based business

Your Name: _____
Firm Name: _____
Firm Address: _____
City, State, Zip: _____

Contact Email: _____
Contact Phone: _____
Firm Creation yr _____ Inc S-corp LLC Sole

	Residential 1 to 4		Residential 4+		Commercial		Other		Totals		Principals/ Partners	FT	PT
	\$ Rev	# Insp	\$ Rev	# Insp	\$ Rev	# Insp	\$ Rev	# Insp	\$\$	INSP			
NEXT 12 Months											Inspectors (Inc owners)		
Last 12 months											Support Employees		
12-24 Months													

States the Firm operates in _____

- Is the **Applicant** a franchisee? Yes No
- Has the Applicant ever operated under any other name? Yes No
If "Yes", please explain: _____
- Are any of **You** a handyman or licensed general contractor? Yes No
- Are any of **You** an architect or engineer? *If yes 3 or 4- Email explanation* Yes No
- Does the **Applicant** inspect any new construction? _____% Yes No
- Does any one client represent more than 25% of gross revenue? Yes No
- What professional associations does the **Applicant** belong to? Yes No
 Inspector Nation ASHI Inter NACHI CREIA Licensed
- Applicant have any subsidiaries which coverage is requested? Yes No
- Does the **Applicant** include photographs with all reports? Yes No
How Many in report? _____ How Many In Total _____
- Does the **Applicant** sub-contract out any part of the inspection Service? Yes No
If yes, do they carry E and O? If Not, Why? Send separate email Yes No
- During the past 5 years has the name/ownership changed or has there been an acquisition, merger, consolidation or other changes? Yes No
- Are all Home Inspectors licensed, where required? If Not Explain _____ Yes No No Licensure
- During the past 5 years, has any professional liability claim or suit ever been made against the Applicant, any Subsidiary or any of the Applicant's current or former professional staff? If "Yes", please indicate how many: _____.
Please submit 5 year loss runs and complete a Supplemental Claim Form for each claim. Yes No
- Have any of You ever been subject to a disciplinary inquiry, complaint, grievance, or proceeding, or had their license revoked or suspended, or been reprimanded? If "Yes", indicate how many: _____ and complete a Supplemental Claim Form for each Yes No
- Do any of You know of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the Applicant, any Subsidiary or any of the Applicant's current or former professional staff? Yes No
- Are You controlled, affiliated with or owned by any other firm or business enterprise? Yes No
- Is the **Applicant** the exclusive inspector for any real estate agency, developer, and/or builder? Yes No
- Is there a Pre-Inspection Agreement signed prior to each inspection? *Please send a sample.* Yes No
Does the PIA have Limitations? Time Money Arbitration No Limitations
- What type of inspection report is used?
 Narrative Checklist Verbal Computer (Narrative, Checklist and Verbal)
- What type of computer software is used to generate reports?
Non-computer or personally created computer reports-send a sample

Individual Seller/Prospective Buyer/Real Estate	%
Lender/Mortgage Company/Mortgage Broker	%
Developer/Investor/Syndicator/Relocation	%
Other (please explain):	%

Select Additional coverage desired:

- 203(k) Inspection Bulkhead/Seawall/Dock Draw EIFS Green IAQ IR Lead
Energy Audit Sewer/Scoping Line Mold Radon Rodent H2O Testing Septic Oil Tank
Expert Witness Pool/spa Termite/WDI Wind-Mit Water/Well Other

HI +
Restaurants
ASTM
Industrial
Building Inspections

For all of the above, is the **Applicant** licensed/certified to perform the service? Yes No

Please note: Coverage does not apply for ancillary services performed without proper licensing/certification.

Coverage: Expiration or Preferred Start Date: _____ **Prior Acts (Retroactive Date):** _____
Limits: \$100,000 \$250,000 \$500,000 \$1,000,000 Other: _____ Deductible: \$1,000 \$2,500 \$5,000 \$10,000

Currently Insured? Current Insurer: _____ Current Premium: _____
Yes No Current Limits: _____ Current Deductible: _____

I represent that the information contained herein is true and that this form is for estimate purposes only. Coverage can only be bound upon receipt and approval of the carrier's fully completed application and required supplements.

Signature: _____ **Date:** ____/____/____