



John Remark First Indemnity
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Yes No This is a home based business

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

Contact Email: _____
Contact Phone: _____
Website: _____
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 **You** a handyman or licensed general contractor? Yes No
If yes, you affirm you will not work on homes you inspect for 12 Months. Yes No
- Are any of **You** an architect or engineer? 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....
 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: _____ Yes No
Please submit 5 year loss runs and complete a Supplemental Claim Form for each claim.
- 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:

- | | | | | | | | |
|---------------------------|--------------------|----------------|----------|----------|-----------------|-------|-------------------------------|
| 203K | Draw | Energy Audits | IAQ | Mold | Radon | Drone | <input type="checkbox"/> Well |
| Bulkhead, Seawall or Dock | Drywall | Green Building | IR/Therm | Oil Tank | Septic/Sewer | H2O | Wind Mit |
| Code | EIFS (Visual Only) | HUD | Lead | Pool/Spa | Termite/WDO/WDI | Other | |

| |
|----------------------|
| Commercial + |
| 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: _____
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:** ____/____/____

3 Operations

| Individual Pricing | Group/Blanket Pricing (Only for drone units <55lbs) |
|--|--|
| Choose this option if you have only a single drone or want physical damage coverage for most of your drones. Each drone will have to be listed as part of the quoting process. | Choose this option if you want liability coverage only or physical damage coverage for just some of your drones. At the time of binding, you may be required to upload a schedule of your current fleet of drones. |

| | | |
|--|-----|----|
| Will all flights be conducted in accordance with applicable regulations, including no overflight of people unless in accordance with the FAA rule for The Operation of Unmanned Aircraft Systems Over People, or with an appropriate waiver? | Yes | No |
| Notwithstanding applicable regulations, will any flights be conducted (indoors or outdoors) at concerts, weddings or other events where large numbers of people are assembled? | Yes | No |
| Do you intend to publish by any means data or images that were obtained or created by the operation of any UAS operated by you or on your behalf? | Yes | No |
| How many drones to you operate now? | | |
| How many drones do you plan to operate in a year's time? | | |

4 Intended Uses

- | | | | | |
|--|--|---------------|------------|-----------------------|
| Agriculture Events | Commercial Photography/Videography | Construction | Education | Wildlife/Conservation |
| Law Enforcement | Infrastructure Inspection/Support Mapping/ | Fire Fighting | Training | Surveillance |
| Package Delivery | Geophysical | Media/News | Military | Search & Rescue |
| | Movie/TV Production | Private/Hobby | Sales/Demo | |
| Property Survey/Inspection/Real Estate | | | | |

5 Unmanned Aircraft Systems FAA Registration Number Operator Name Operator Date of Birth

| Year, Make, Model | Registration/Serial No. | Insured Value | Avg. Flight Hours/Yr |
|-------------------|-------------------------|---------------|----------------------|
| | | | |

6 UAS Ground Equipment (Optional)

| Make or System | Model or Software | Serial Number | Insured Value |
|----------------|-------------------|---------------|---------------|
| | | | |

7 UAS Payload (Optional)

| Make or System | Model or Software | Serial Number | Insured Value |
|----------------|-------------------|---------------|---------------|
| | | | |

8 Liability Only Coverage* These quotes cover the vast majority of Drones. Send me a quote with Property/Drone replacement coverage

| | | | | | |
|-----------------------|---------------------|---------------------|---------------------|-----------------------|------------------------|
| \$500k \$383/YR/Drone | \$1M \$493/YR/Drone | \$2M \$704/YR/Drone | \$3M \$920/YR/Drone | \$5M \$1,269/YR/Drone | \$10M: \$2136/YR/Drone |
|-----------------------|---------------------|---------------------|---------------------|-----------------------|------------------------|

9 Operator Information

| | | | |
|--|--|-----|----|
| Will all operations of the UAS be conducted: | (a) By operators holding a valid Remote Pilot Airman Certificate with a Small UAS Rating, or | Yes | No |
| | (b) Under special exemption 49 U.S.C. 44807 in accordance for 14 CFR Part 11, or | | |
| | (c) Under a Certificate of Authorization or Waiver (public entities only)? | | |

10 Insurance and Claims History

| | | |
|---|-----|----|
| In the last 5 years, have any of the operators: | Yes | No |
| (a) Been cited for violation of any FAA regulations, or (c) Had their pilot's or driver's license suspended, or | | |
| (b) Been convicted of driving while intoxicated, or (d) Been convicted of any felony charge? | | |

| | | |
|---|-----|----|
| In the last 5 years, have you been involved in any aircraft or UAS accidents, incidents, or losses? | Yes | No |
|---|-----|----|

Signature

Date

Rates Starting at \$383

- Unlimited Hours
- Privacy
- Third Party
- Automatic Coverage for Additional Insureds
- Any Qualified Operator
- Coverage for Hijack and Malicious Damage

Optional Insurance

- Privacy Violations
- Damage to Your Equipment
- Spare Parts
- Coverage for Drones and Payload You Rent

UNMANNED AIRCRAFT SYSTEMS INSURANCE

- Liability Limits beginning at \$500K
- Optional Physical Damage coverage for drones, payloads, and ground equipment

Policy Includes:

- Contractual Liability
- Personal Injury Liability
- Fire Legal Liability (\$100K)
- Worldwide Coverage Territory

COVERED INDUSTRIES INCLUDE:

- Home Inspectors
- Agriculture
- Commercial Photograph
- Videography
- Construction
- Mapping/Geophysical
- Movie/TV Production Property
- Survey
- Inspection
- Real Estate
- Surveillance
- Special Events

FOR MORE INFORMATION:

John Remark

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FIRST INDEMNITY
INSURANCE GROUP

Your defense is our focus.