

**Home Inspector Professional Liability Application**

1. Company (full legal name) \_\_\_\_\_  
Contact person \_\_\_\_\_  
Street 1 \_\_\_\_\_  
Street 2 \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone / Fax \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Website \_\_\_\_\_

2. Please list up to 5 states where the applicant provides professional services.  
\_\_\_\_\_

3. Please indicate the companies' gross revenue for the following fiscal years:  
Current Year \_\_\_\_\_  
Last Year \_\_\_\_\_  
Next Year (Projected) \_\_\_\_\_

4. How many years has the applicant been in business? \_\_\_\_\_  
\*If less than 2 years, please describe the specific home inspector training that has been completed (please provide the name of training school, hours completed and/or copy of the certificate of completion if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How many inspections annually does the company perform (projected if new business)? \_\_\_\_\_

6. Please indicate the average value of homes inspected annually? \_\_\_\_\_

7. Does the applicant inspect homes valued at over \$750,000?    Yes        No  
If yes, how many annually: \_\_\_\_\_

8. Does the applicant inspect historic/land mark homes?    Yes        No

9. Does the applicant utilize standardized reporting software?    Yes        No  
A) If yes, please list the software used: \_\_\_\_\_  
B) If yes, what type is used (circle one):    NARRATIVE    CHECKLIST    VERBAL

10. Does the applicant include digital photographs with inspection reports?    Yes        No

11. What percentage of the applicant's revenue is derived from the following?

A) Residential Inspections \_\_\_\_\_%

B) Commercial Inspections \_\_\_\_\_%

\*Must equal 100%

12. How many employees (do not include independent contractors) provide home inspections: \_\_\_\_\_

13. How many independent contractors provide home inspection services: \_\_\_\_\_

14. Does the applicant want coverage for these independent contractors? Yes No

If yes, please list the first/last name of each and the average number of inspections performed annually:

\_\_\_\_\_

\_\_\_\_\_

15. If yes, does the applicant verify the qualifications of independent contractors annually? Yes No

16. If yes, does the applicant review and monitor work performed by independent contractors? Yes No

17. If no, will you require independent contractors to carry/maintain their own E&O insurance? Yes No

18. How often does the applicant obtain a signed contract / pre-inspection agreement with clients?

All of the time \_\_\_\_\_ Most of the time \_\_\_\_\_ Some of the time \_\_\_\_\_ Never \_\_\_\_\_

19. Does the applicant's contract / inspection agreement contain a Limitation of Liability provision? Yes No

20. Is the applicant engaged in any other business or profession other than Home Inspections? Yes No

If yes, please describe services and include estimated annual revenue.

\_\_\_\_\_

\_\_\_\_\_

21. Does the applicant currently belong to ASHI (American Society of Home Inspectors)? Yes No

If yes, please provide your ASHI number (\*we cannot provide a discount without a valid number).

ASHI Certified Inspector # \_\_\_\_\_

ASHI Associate # \_\_\_\_\_

22. Have any of the applicant's owners, directors, officers or employees ever been the subject of disciplinary or criminal actions as a result of their professional activities? Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

23. Have any professional liability claims been made against the applicant, applicant's owners, principals, directors, officers or employees in the past 5 years? Yes No

If yes, please describe below and attach a detailed explanation on a separate sheet of paper.

\_\_\_\_\_

\_\_\_\_\_

24. Does the applicant, applicant's owners, principals, directors, officers or employees have knowledge or information of any act, error or omission which might reasonably give rise to a claim against the applicant or its predecessors in business? Yes No

\*If yes, please attach an explanation on a separate sheet of paper

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25. List any other industry associations and/or membership affiliations for your company below:

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26. Please provide any additional information we may find helpful in evaluating your risk. In addition, please indicate any special coverage requests. Please attach any necessary documentation.

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27. In order to best meet your coverage needs, please provide information about your current E&O policy:

- ❖ Current carrier \_\_\_\_\_
- ❖ Limit per claim/aggregate \_\_\_\_\_
- ❖ Retention/deductible \_\_\_\_\_
- ❖ Retroactive date \_\_\_\_\_
- ❖ Annual premium \_\_\_\_\_
- ❖ Current Expiration \_\_\_\_\_

28. Has your professional liability insurance ever been declined, cancelled or refused? Yes No

If yes, please describe and attach any necessary details: \_\_\_\_\_

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**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 changes in the circumstances of the applicant's business including, but not limited to 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 \_\_\_\_\_