

HOME INSPECTORS PROFESSIONAL LIABILITY INSURANCE APPLICATION



THE POLICY APPLIED FOR IS A CLAIMS-MADE POLICY AND WILL PROVIDE COVERAGE ONLY FOR CLAIMS FIRST MADE AGAINST THE APPLICANT AND REPORTED TO US IN WRITING DURING THE POLICY PERIOD, ANY SUBSEQUENT RENEWAL OF THE POLICY OR ANY APPLICABLE EXTENDED REPORTING PERIOD. NO COVERAGE EXISTS FOR CLAIMS ARISING OUT OF WRONGFUL ACTS THAT OCCURRED PRIOR TO THE RETROACTIVE DATE, IF ANY, STATED IN THE DECLARATIONS.

PLEASE USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED TO RESPOND TO ANY QUESTION.

1. Full Name of Applicant and Address of Principal Office:
(Include all Firm names, trading names, franchise affiliations or DBA's under which you operate.)

2. Year Firm Established: _____ 3. Does your Firm practice from any other office location(s)? Yes No *If "Yes", please list.*

4. Are you providing services on properties in any state or country where you do not maintain an office? Yes No *If "Yes", please list.*

5. Has your Firm ever operated under a different name or has it been part of any acquisition, consolidation, dissolution, merger or other change in its organization? Yes No *If "Yes", please provide full name(s), dates and details of entities involved.*

6. Structure of Firm: Individual Partnership Corporation Franchise Independent Contractor Other: _____

7. Limits of Liability Requested: (Per Claim/Aggregate)
 \$100,000 \$250,000 \$500,000 \$1,000,000
 \$2,000,000 \$3,000,000 \$5,000,000

8. Deductible Requested:
 \$1,000 \$2,500 \$5,000 \$10,000 \$15,000
 \$20,000 \$25,000 \$50,000 Other: \$ _____

9. Detailed description of professional services being provided by Firm and its members:

10. Provide the following information below for all principals, owners, employed professionals and key employees:

Name	Position	Professional Designation(s) / Association Memberships	Years with Applicant Firm	Years of Experience in this Profession	If Part-Time, Average Hrs Worked Per Week

11. Indicate total number of staff at all locations including clerical staff: _____

12. Have you established quality control safeguards, new employee training programs and/or continuing education program participation requirements for members of your Firm to reduce your professional liability exposure? Yes No

13. Gross Revenue for applicable fiscal year. If Firm is newly established, please advise best estimate for current fiscal year only.
 Current Fiscal Year (Estimate): \$ _____ Immediate Past Fiscal Year: \$ _____ Second Past Fiscal Year: \$ _____

14. Does the Firm have or expect to have any single client(s) representing 25% or more of your gross revenue? Yes No *If "Yes", please list.*

15. Does the Firm or any of its members wholly or partly own, operate, manage, control or associate with any other business organization(s) or is the Firm wholly or partly owned, operated, managed or controlled by any other business organization(s)? Yes No *If "Yes", please list.*

16. Is any of the Firm's business subcontracted out to others? Yes No *If "Yes", provide details including percentage and type of work.*

17. Does your Firm do any work that has been subcontracted out by other Firms? Yes No *If "Yes", please provide details.*

18. Is Home Inspection your sole means of employment? Yes No *If "No", please provide details.*

19. Concerning the inspections done by your Firm in the past twelve (12) months, please indicate the number and values requested below.
 If Firm is newly established, please advise best estimate for the coming year. Number of Inspections: _____
 Average Value of Properties Inspected: _____ Largest Value of Any One Property Inspected _____

20. Indicate the type(s) of inspection reports your Firm uses: Narrative/Written Checklist Verbal

21. Indicate the inspection standards used by your Firm: ASHI NAHI FABI CREIA Other: _____

22. Are you an exclusive home inspector for any one realtor or financial institution? Yes No *If "Yes", please provide details.*

23. Do you offer to do any repair work or make any recommendations or referrals concerning repair work on any of the properties that you inspect? Yes No *If "Yes", please provide details.*

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24. Based on gross revenue for the past twelve (12) months, please provide the following breakdowns. If newly established, provide best estimate.					
(A) Types of Inspections:	Air _____%	Lead _____%	Termites/Other Pests _____%		
	Asbestos _____%	Mechanical _____%	Other - Describe: _____%		
	Assessment or Survey _____%	Radon _____%	_____		
	Environmental Site _____%	Structural _____%	_____		
(B) Types of Properties Inspected:	One and Two Family Dwellings _____%	Commercial and Industrial _____%			
	Multiple Family (3-4) Dwellings _____%	Farms & Ranches: _____%			
	Multiple Family (5 Units & Up) _____%	Other - Describe: _____%			
(C) Source of Business:	Sellers _____%	Real Estate/Relocation Companies _____%			
	Prospective Buyers _____%	Other - Describe: _____%			
	Financial Institutions _____%	_____			
25. (A) In the past five (5) years, has any professional liability claim been made or suit been brought against the Firm or any current or former member of the Firm? <input type="radio"/> Yes <input type="radio"/> No					
(B) Does any current or former member of the Firm know of any incident, act, error or omission that could result in a claim or suit against the Firm or any current or former members of the Firm? <input type="radio"/> Yes <input type="radio"/> No					
If "Yes" to (A) or (B) above, indicate how many _____ and complete a separate Claim Supplement for each claim or incident.					
26. Has any current or former members of the Firm ever been the subject of a disciplinary complaint or action by any regulatory authority as a result of their professional activities or had any kind of business or professional license suspended or revoked? <input type="radio"/> Yes <input type="radio"/> No <i>If "Yes", provide details.</i>					
27. In the past five (5) years, has any insurer cancelled or refused to renew any professional liability or similar insurance in effect for the Firm or any current or former member of the Firm? <input type="radio"/> Yes <input type="radio"/> No <i>If "Yes", please provide details.</i>					
28. List the previous professional liability insurance coverage carried by the Firm or any predecessors for the past three (3) years. Note any periods without coverage. If currently uninsured, please check here: <input type="radio"/>					Retroactive Date:
	Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium
Current Year					
Prior Year 1					
Prior Year 2					
29. Does the Firm currently carry general liability insurance coverage? <input type="radio"/> Yes <input type="radio"/> No <i>If "Yes", please indicate carrier and limits.</i>					
30. Please attach the following to your application:			(A) If currently insured, copy of your expiring declarations page.		
(B) Your Firm's letterhead.	(C) Copy of your standard Inspection Report.	(D) Copy of your standard contract for professional services.	(E) Resumes or brief biographies of principals, partners, owners, employed professionals and other key employees.		
THE COMPLETION OF THIS APPLICATION AND ANY SUPPLEMENTS DOES NOT BIND THE COMPANY TO ISSUE, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IF A POLICY IS ISSUED, THIS APPLICATION AND ANY SUPPLEMENTS WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.			THE UNDERSIGNED PRINCIPAL, PARTNER OR OWNER ACTING ON BEHALF OF THE APPLICANT DECLARES, AFTER DILIGENT INQUIRY, THAT THE STATEMENTS AND PARTICULARS MADE IN THIS APPLICATION INCLUDING ALL SUPPLEMENTS, ARE TRUE, ACCURATE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.		
NOTICE TO FLORIDA, KENTUCKY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE PUNISHABLE BY A FINE.					
Signature of Principal, Partner or Owner of Applicant Firm:			Name:		
			Title:		
			Signature Date:		
Return this application to your insurance agent. Agents should forward this submission to Guilford Specialty Group, Inc., 100 Pearl Street, Hartford, CT, 06103, Telephone (800) 328-8719, Facsimile: (860) 723-4151.					
Submitting Agency:				Agency Code:	
				<input type="radio"/> Direct <input type="radio"/> Sub-Produced	