



U.S. Risk Underwriters

a member company of U.S. Risk Insurance Group, Inc.

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 10210 N Central Suite 500 Dallas, TX 75231

HOME INSPECTORS ERRORS & OMISSIONS APPLICATION

1. Name of Applicant (Company Name if applicable): _____
 Street: _____
 City: _____ State: _____ ZIP: _____
 Telephone: (_____) _____ Fax Number: (_____) _____

2. Requested Effective Date: ____/____/____

3. Date Firm Established: ____/____/____

4. Contact Person: _____

5. Limits of Liability Requested Deductible 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 \$ _____

6. Has your firm name ever changed or has there been any acquisition, consolidation, dissolution, merger or change in business organization? _____ Yes _____ No
 If yes, explain _____

7. Staff (Indicate Numbers)

	Full Time	Part Time	Years of Related Experience in Construction or Inspection Industry
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? ___ Yes ___ No

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 and 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	_____	_____

<u>Type of Building</u>	<u>Percent of total revenue</u>
	Last 12 months
Residential – less than 4 units	_____ %
Residential – over 4 units	_____ %
Commercial/Industrial/Office	_____ %
Other – please describe _____	_____ %
	100%

Type of Inspection	Percent of total revenue
	Last 12 months
Structural	_____ %
Mechanical	_____ %
Pest	_____ %
Mold	_____ %
Safety	_____ %
Construction	_____ %
Septic/On-site Sewage	_____ %
Radon	_____ %
Lead	_____ %
Other – describe _____	_____ %
	100%

Source of Business	Percent of Total Revenue
	Last 12 months
Individual Seller	_____ %
Prospective Buyers	_____ %
Real Estate/Relocation Company	_____ %
Finance Company/Mortgage Broker	_____ %
Other, please describe _____	_____ %
	100%

10. a. What type of inspection report do you use?
 Narrative Checklist Verbal
- b. What inspection standards are used?
 ASHI NAHI FABI GAHI CREIA
 Other – describe _____
- c. Do you currently use a pre-inspection agreement when performing a home inspection? Yes No
Attach a copy of the agreement.
- d. Are the agreements signed in advance by your customer? 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. _____

11. Are you an exclusive home inspector for any one realtor or real estate company? Yes No
If yes, explain. _____

12. Are you a licensed real estate agent? Yes No
If yes, do you inspect any homes which you have listed as a real estate agent? Yes No
Does the real estate operation carry separate professional liability coverage? Yes No
13. Are you a builder, contractor or repair/remodeling contractor? Yes No
If yes, do you provide any of these services to the same properties that you inspect? Yes No
14. Are you affiliated with any of the professional home inspection organizations? Yes No
Check all that apply. ASHI NAHI FABI GAHI CREIA
 Other – describe _____

15. Previous coverage:
- a. Errors & Omissions
- | Policy Period | Carrier | Limits | Deductible | Premium |
|---------------|---------|--------|------------|---------|
| | | | | |
| | | | | |
- Is coverage written on a claims made basis? Yes No If yes, what is the current retroactive date? _____
- b. General Liability
- | Policy Period | Carrier | Limits | Deductible | Premium |
|---------------|---------|--------|------------|---------|
| | | | | |
| | | | | |
16. Have any claims (including violation of fair housing laws) been made against your firm or anyone indicated in question 7
 Yes No If yes, provide details on the attached claim supplement form.
17. Are you aware of any act, error, omission or other circumstances which might reasonable be expected to be the basis of a claim or suit against your or anyone indicated in question 7
 Yes No If yes, provide details on the attached claim supplement form.
Please attach five year company loss runs.
18. During the past five year has any insurance company declined, cancelled or refused to renew coverage for the applicant or anyone named in question #7. Yes No If yes, provide details.
19. Please provide experience resume for each inspector.
20. Please include a copy of any brochures

I/We hereby declare that the above statements and declarations are true and that I/We have not suppressed or misstated any material facts. I/We agree that any misrepresentation or misstatement of material facts may void coverage under this insurance. I/We agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application does not bind the company to provide coverage or the applicant to purchase the insurance.

APPLICANTS SIGNATURE _____ TITLE _____

PRINTNAME _____ DATE _____

Application must be signed and dated by a principal of the firm to be considered for quotation.

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 defendants: _____

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 settlement 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: _____

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.

(PLEASE TYPE OR PRINT)

1. Full name of Applicant:

2. Full name of individual(s) involved or named in the claim:

3. Full name of Claimant:

4. Indicate whether: Claim/suit: _____ Incident: _____
5. Date of alleged error: _____ Date of claim: _____
6. Additional defendant (if any):

7. IF CLOSED:
Total Loss Paid including Deductible: \$ _____
Legal Expenses Paid: \$ _____
8. IF PENDING:
Claimant's settlement demand \$ _____ Loss reserves \$ _____
Defendant's offer of settlement \$ _____ Loss paid to date \$ _____
Expense reserves \$ _____ Expenses paid to date \$ _____
Deductible \$ _____ Is claim in suit: Yes _____ No _____
If Yes, Amount asked in summons? \$ _____
9. Name of Insurer (if any) : _____
10. Description of claim: (Provide enough information to allow evaluation and use back of this page or separate exhibit if additional space is required.)
 - A. Alleged act, error or omission upon which claimant bases claim:

 - B. Description of the type and extent or injury or damage allegedly sustained:

I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.

Signature of Applicant _____ Date _____