

Home Inspection Professional Liability Application

1. Contact Information
 Name of Applicant: _____
 Street Address: _____
 City, State, ZIP: _____
 Telephone Number: _____ Fax Number: _____
2. Year Established: _____ (If less than 3 years, attach résumé)
3. Staff (indicate numbers):
 Full-time: _____
 Part-time: _____ # Years Experience: _____
 Principals/Partners/Officers: _____
 Inspectors: _____
 Other Employees (clerical): _____
4. Please complete the following:

| | Current Year | Next Year |
|--------------------------------|--------------|-----------|
| Number of Inspections: | _____ | _____ |
| Inspection Fee per Inspection: | _____ | _____ |
| Gross Annual Revenue: | _____ | _____ |
5. Type of Inspection:

| | | | |
|------------------------------------|---------|------------------|---------|
| Structural: | _____ % | Mechanical: | _____ % |
| Pest: | _____ % | Mold: | _____ % |
| Safety: | _____ % | Construction: | _____ % |
| Septic/On-site Sewage: | _____ % | Other; Describe: | _____ % |
| Total (should equal 100%): _____ % | | | |
6. Residential: _____ %
 Commercial/Industrial: _____ %
 New Construction: _____ %
 Total (should equal 100%): _____ %
7. Source of Business:

| | |
|------------------------------------|---------|
| Individual Seller: | _____ % |
| Prospective Buyer: | _____ % |
| Real Estate/Relocation Company: | _____ % |
| Finance Company/Mortgage Broker: | _____ % |
| Total (should equal 100%): _____ % | |
8. Are you an exclusive home inspector for any one realtor or real estate company? Yes No
 If yes, provide an explanation: _____
9. Are you a licensed real estate agent? Yes No
 If yes, do you inspect homes which you have listed as a real estate agent? Yes No
10. Are you a builder, contractor, or repair/remodeling contractor? Yes No
 If yes, do you provide any of these services to the same properties you inspect? Yes No

11. What percentage of your work is subcontracted? _____%
- Do you require subcontractors to carry their own Professional Liability Insurance? Yes No
- If yes, do you obtain a certificate of insurance? Yes No
- 12a. What type of inspection report do you use? Narrative Checklist Verbal
- 12b. What inspection standards are used?
- ASHI NAHI NACHI FABI GAH CREIA
- Other; Describe: _____
- 12c. Do you currently use a pre-inspection agreement when performing a home inspection? (Attach Agreement) Yes No
- 12d. Are the agreements signed in advance by your customer? Yes No
- 12e. Do you offer any warranties or guarantees? Yes No
- If yes, provide an explanation.
13. Are you a member with any of the professional home inspections organizations? Yes No
- If yes: ASHI NAHI NACHI FABI GAH CREIA
- Other; Describe: _____
14. Previous Coverage
- Professional Liability:
- Policy Period: _____ Carrier: _____ Limits: _____
- Deductible: _____ Premium: _____
- Is coverage written on a claims-made policy form? Yes No
- If yes, please provide the retroactive date: _____
15. General Liability:
- Policy Period: _____ Carrier: _____ Limits: _____
- Deductible: _____ Premium: _____
- Is coverage written on a claims-made policy form? Yes No
- If yes, please provide the retroactive date: _____
16. Limits of Professional Liability Limits Requested:
- \$100,000 \$300,000 \$500,000 \$1,000,000
- Deductible requested:
- \$5,000 \$10,000 \$25,000 Other: _____
17. Have any claims been made against your firm or anyone indicated in question 7? Yes No
- If yes, please complete the attached Claim Supplement form.
18. Are you aware of any act, error, omission, or other circumstances which might reasonably be expected to be the basis of a claim or suit against you or anyone indicated in question #3? Yes No
- If yes, please complete the attached Claim Supplement form.
19. During the past five (5) years has any insurance company declined, cancelled, or refused to renew coverage for the applicant or anyone named in question #3? Yes No
- If yes, provide an explanation: _____
-

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation, and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and ProAssurance Mid-Continent Underwriters, Inc., any documents, records, or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.

Important: This application must be signed by the applicant. Signing this form does NOT bind the Company to complete the insurance.

Insured Signature: _____

Print Name: _____

Title: _____

Date: _____