



BUSINESSRISKPARTNERS

1 WATERSIDE CROSSING, SUITE 302, WINDSOR, CT 06095

Home Inspectors Professional Liability Application

General Information

Either your telephone number or e-mail address is required.

1. Company Information

Company
(Full Legal Name) _____

Contact Person _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail Address _____

Web Site _____

2. Please list up to 5 principal states in which you provide services.

Description of Business

3. Please indicate the total revenue for the following fiscal years for both the Applicant and any subsidiaries performing professional services sought to be covered under this policy?

Current Year: _____

Last Year: _____

Next Year (Projected): _____

4. How many years has the Applicant been in business? _____

If less than 2 years, please describe any formal training or related experience that has been completed by the applicant and/or the staff. Please do this in the additional notes section in Question # 18 at the end of the application.

5. How many inspections annually does the Applicant perform? _____

6. What percentage of the Applicants revenue is derived from?

Commercial Inspections _____ %

Residential Inspections _____ %

7. Please indicate the total number of Home Inspectors including yourself _____
(do not include independent contractors).

8. Please indicate the total number of independent contractors. _____

9. Does the Applicant want coverage for independent contractors? Yes No

A. If you answered yes to the above question, please list below the names of the independent contractors and the average number of inspections performed annually for each (mandatory).

B. If you answered no to the above question, does the applicant contractually require independent contractors to maintain Errors and Omission insurance?

Yes No

10. Does the Applicant have a signed contract/inspection agreement in place with clients?

All of the time Most of the time Some of the time Never

11. Does the Applicant's contract/inspection agreement contain a Limitation of Liability provision?

Yes No

12. Is the Applicant engaged in any other business or profession other than Home Inspections?

Yes No

If you answered yes to the above question, please describe and include estimated annual revenue.

13. Does the Applicant belong to the American Society of Home Inspectors (ASHI) ?

(Credit cannot be given without valid number)

ASHI Certified Inspector # _____

No

ASHI Associate # _____

14. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of disciplinary or criminal actions as a result of their professional activities?

Yes No

If you answered "yes" to the above question, please describe:

15. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?

Yes No

If you answered "yes" to the above question, please describe including name of claimant, type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts:

16. 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 you answered "yes" to the above question, please describe

It is understood and agreed that if the answer to the previous three queries is "yes", any such claim or potential claim is specifically excluded from this proposed coverage.

17. List any other industry associations/membership affiliations.

18. 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.

[Empty box for additional information]

19. OPTIONAL: In order to best meet your coverage needs, please provide the following information about your current policy.

Carrier _____

Limit _____

Retention _____ Retro Date _____

Premium _____ Expiration _____

20. How did you hear about Business Risk Partners?

ASHI Web Site	<input type="radio"/>	BRP Web Site	<input type="radio"/>
ASHI Reporter	<input type="radio"/>	Referral	<input type="radio"/> _____
Web Search Engine	<input type="radio"/>	Other	<input type="radio"/> _____
Expo / Convention	<input type="radio"/>	Training Institute	<input type="radio"/> _____

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 change in the circumstances of the Applicant's business including, but not limited to the 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 _____