



Associations Liability Insurance Agency HOME INSPECTORS PROFESSIONAL LIABILITY INSURANCE QUESTIONNAIRE

NOTICE: THIS IS A CLAIMS MADE POLICY. COVERAGE IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

Please answer all questions, and verify that all information is true and complete to the best of your knowledge.

GENERAL INFORMATION

RENEWAL OF (policy #): _____

Desired Effective Date: _____

1. Full Legal Name of Applicant (include all firm names, franchise affiliations, trading names and DBA's under which the insured operates):

2. Company Structure: Corporation Partnership Sole Proprietor LLC LLP Independent Contractor Other: _____
3. Mailing Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
4. Physical Address (if different than above): _____
5. Does the Applicant have any additional locations? No Yes
If "Yes", please provide complete address(es): _____

6. Business Phone: _____ Home Phone: _____ Cell Phone: _____
7. Email: _____ Website: _____
8. Date Company Established (MM/DD/YYYY): _____
9. Is the Applicant a franchisee? No Yes
If "Yes", please provide the full legal name of the franchisor? _____
10. List all states in which the Applicant operates: _____
11. List all professional Associations/Memberships of the Applicant: ASHI NACHI NAHI Other: _____
If none, does the applicant participate in a formal risk management or continuing education program? No Yes
If "Yes", what program(s)? _____

PROPERTY INFORMATION

Occupancy of your office: Own the building Tenant Work out of my home

Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible

Business Personal Property Limit: _____

(Includes individual pieces of Field Equipment valued under \$5000, office Furniture and Fixtures, Computer Equipment, Computer Data, Tenants Improvements to your office space. This limit should be the total value of what it would cost to replace these items with new replacement items.)

OPERATIONS

1. Describe services for which coverage is requested: _____

2. During the past 5 years has the name or ownership of the applicant changed or has there been an acquisition, merger, consolidation or other changes? No Yes
 If "Yes, please provide details: _____

3. Is applicant owned, controlled or affiliated by any other entity or does the applicant own or control any other firm/business?..... No Yes
 A. If "Yes", please provide details: _____
 B. If "Yes", do you provide any services to any entity you own, control or affiliated with? No Yes

4. Do you have any subsidiaries for which coverage is requested? No Yes
 If "Yes", please complete the schedule below

Subsidiary information:

Name	% Owned	Year Started	Description of Operations	Entity Type*

***Entity Types: FP=For-Profit (other than Partnership) NP=Non-Profit GP=General Partnership LP=Limited Partnership LLC= Limited Liability Company To enter more information, please attach a separate page to the application.**

IMPORTANT: It is understood and agreed that coverage is not provided for subsidiaries in Question 4 unless the information requested above is provided.

5. Please list all individuals who perform work for the company:

Full Name	Type (select one)	Full- or Part-Time	Years Experience	Check if licensed
	<input type="checkbox"/> Principal/Partner/Officer <input type="checkbox"/> Inspectors (excluding Independent Contractors) <input type="checkbox"/> Non-Professional Type	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/>
	<input type="checkbox"/> Principal/Partner/Officer <input type="checkbox"/> Inspectors (excluding Independent Contractors) <input type="checkbox"/> Non-Professional Type	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/>
	<input type="checkbox"/> Principal/Partner/Officer <input type="checkbox"/> Inspectors (excluding Independent Contractors) <input type="checkbox"/> Non-Professional Type	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/>
	<input type="checkbox"/> Principal/Partner/Officer <input type="checkbox"/> Inspectors (excluding Independent Contractors) <input type="checkbox"/> Non-Professional Type	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/>
	<input type="checkbox"/> Principal/Partner/Officer <input type="checkbox"/> Inspectors (excluding Independent Contractors) <input type="checkbox"/> Non-Professional Type	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/>
	<input type="checkbox"/> Principal/Partner/Officer <input type="checkbox"/> Inspectors (excluding Independent Contractors) <input type="checkbox"/> Non-Professional Type	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/>

Attach separate list if necessary.

6. Are all home inspectors licensed (where required)? No Yes N/A

If "No", please explain: _____

7. Does the applicant or any of the Applicant's professional staff hold other professional licenses? No Yes

If "Yes", please list: _____

8. Does the applicant use subcontractors?..... No Yes

Note: This insurance may not extend coverage to independent subcontractors and/or independent contractors.

If "Yes", please answer the following:

- a. Describe the services provided by the subcontractor(s): _____
- b. Indicate the total number of inspectors: _____
- c. Does Applicant require the subcontractor(s) to carry professional liability (E&O)? No Yes
 - i. If "No", are the subcontractors required to indemnify you? No Yes
 - ii. If "Yes", what limit of liability do they carry? _____

Please provide the following additional information for each Independent Contractor.

Name	Does inspector work exclusively for the applicant firm?	How many hours per week does the inspector work for the applicant firm?	Does inspector have professional liability insurance coverage with limits the same as or higher than applicant carries?
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes

9. Revenue and Number of inspections: *(if applicant is newly established, please provide best estimate)*

	Most Recent Fiscal Year		Projected Next Fiscal Year	
	Gross Income	# of Inspections	Gross Income	# of Inspections
RESIDENTIAL PROPERTIES				
Residential 1-4 units	\$		\$	
Residential over 4 units	\$		\$	
COMMERCIAL PROPERTIES				
Commercial (except restaurants) where building is less than 100,000 square feet	\$		\$	
Commercial (except restaurants) where building is greater than 100,000 square feet	\$		\$	
Restaurants	\$		\$	
All other property (Describe: _____)	\$		\$	
TOTALS	\$		\$	

10. Breakdown of annual income from the following sources of business (must total 100%):

Type of Client	%	Type of Client	%
Individual Seller		Developer	
Prospective Buyer		Investor/Syndicator	
Real Estate Agency		Lender/Mortgage Company	
Relocation Company		Mortgage Broker	
Other (Please describe):			

11. Does any single client represent more than 10% of the Applicant's gross annual revenue? No Yes
 If "Yes", please complete the following:

Name of Client	Industry	% of Income

12. Is the Applicant the exclusive inspector for any real estate agent/agency, developer and/or builder? No Yes
 If "Yes", please explain (including the full legal names of entities involved): _____

13. Does the applicant's operating procedure require a signed pre-inspection agreement prior to performing a home inspection?
 (Attach sample copy with application) No Yes

14. Indicate the following utilized by the Applicant for inspection reports?
- a. Type of inspection report: Narrative Checklist Verbal
 - b. Name of Computer software used to generate report: _____ N/A, Please explain below

 - c. Are photos taken at every inspection? No Yes
 - i. If "Yes", how many photos are taken at each inspection? _____
 - ii. If "Yes", how many photos are included in the inspection report? _____
 - iii. If "No", explain why? _____
 - d. How long does the average inspection last? _____
 - e. Which Standards of Practice does the applicant follow? _____
 - f. Does Applicant provide a recommended time frame for necessary repairs noted in the inspection report?..... No Yes
 - g. Does each report provide the client a method of contacting the Applicant/Inspector? No Yes
 - h. Does Applicant provide referrals or recommendations for remediation needed? No Yes

15. Please complete the following with respect to additional services provided by the applicant:

Inspection Service	# of inspections performed annually	Trained/Certified? Y/N	Certifying Body	Describe any invasive inspection techniques
Termite/Wood Destroying Organisms				
Radon				
EIFS/Stucco				
Septic/Water Purification				
Wind Mitigation				
Green Building/Auditing				
Infrared Thermography				
Pool and Spa				
Engineering				

16. a. Does the Applicant contract to perform lead abatement work?..... No Yes
 b. Does the Applicant contract to perform fungi/mold abatement work?..... No Yes

17. Does the Applicant perform mold inspections? No Yes

If "Yes", please answer the following questions:

- a. Specify the mold inspection certifications held by the Applicant: _____
- b. Is a signed, separate pre-inspection agreement obtained for each mold inspection performed? No Yes
- c. Is a written inspection report provided for each mold inspection? No Yes
- d. What format is used for inspection report? _____
- e. How many pictures of each inspected area are taken? _____
- f. Does Applicant have any exclusive mold inspection arrangements with any real estate agent/developer/builder?... No Yes
- g. If required by state or local law, are all inspectors who conduct them licensed to perform mold inspections?..... No Yes
- h. Does the Applicant provide any mold remediation services? No Yes
- i. Does the Applicant perform mold inspections for any structures other than residential dwellings?..... No Yes
- j. Does the Applicant take air samples at the inspected site? No Yes
 If "Yes", what lab provides the results for the samples taken and what are the labs certifications/qualifications for performing the sample testing? _____

18. Home inspections utilize knowledge of building codes, are any code compliance inspections performed to verify compliance with building codes? No Yes

If "Yes"; answer a-c below:

- a. % of revenue derived from code compliance inspections: _____ %
- b. Describe the nature of code compliance inspections provided: _____

- c. List the clients for whom you perform code compliance inspections: _____

19. Do you utilize any unmanned aircrafts (drones) during the course of your service work?..... No Yes

PRIOR COVERAGE INFORMATION

1. Does the Applicant currently have Professional Liability (E&O) Coverage?..... No Yes

If "Yes", indicate the retroactive date _____ and attach copy of your expiring declaration page.

2. Does the Applicant's current policy have any endorsements or exclusions or coverage limitations tailored specifically to the Applicant? No Yes

3. Has the Applicant purchased an Extended Reporting Period under any Professional Liability policy? No Yes

If "Yes", please provide detail: _____

4. Please provide the following information regarding insurance coverage carried by the Applicant and any predecessor firm(s) during the past five (5) years. If no coverage is currently in force please indicate with N/A

Name of Insurer	Policy Period Date	Limit of Liability	Deductible	Premium

REQUESTED LIMITS, COVERAGES & ENDORSEMENTS

1. Indicate Limits of Liability and deductible(s) requested:

Limits of Liability Per Claim/Aggregate (You may check more than one)

- \$100,000/\$100,000 \$250,000/\$250,000 \$300,000/\$300,000 \$500,000/\$1,000,000 Other: _____
- \$100,000/\$300,000 \$250,000/\$500,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

Deductible (You may check more than one)

- \$1,000 \$2,500 \$10,000 Other: _____
- \$1,500 \$5,000 \$15,000

2. Endorsements Requested:

- Additional Insured – Grantor of Franchise Pool & Spa Inspection
- Lead Paint Inspections Mold Testing
- Wood Destroying Organism/ Termite Inspection Indoor Air Quality Inspection
- Radon Testing Septic or Water Testing
- Wind Mitigation Exterior Insulation Finish Systems (EIFS)/Stucco Inspections
- Premises Liability/General Liability Rodent
- Infrared Thermal Inspections Green Building Inspections

LOSS INFORMATION

1. **(Question not applicable in Missouri)** Has any application or policy for similar professional liability insurance on behalf of Applicant, partners, officers or employees or on behalf of predecessors in business ever been declined, cancelled, or renewal refused?

- No Yes (less than 5 years ago)
- Yes (more than 5 years ago)

If "Yes", please provide detail: _____

2. Within the last 5 years has applicant given notice of any claim, circumstance or potential claim to any insurer under any insurance coverage referred to above? No Yes

If "Yes", a claim supplement form must be submitted with the application for each incident reported.

3. Does any person or entity proposed for this insurance have knowledge of any circumstance, incident or complaint which may lead to the filing of a claim? No Yes

If "Yes", a claim supplement form must be submitted with the application for each claim reported.

4. Within the last 5 years has any person or entity proposed for this insurance been the subject of a claim? No Yes

If "Yes", a claim supplement form must be submitted with the application for each claim reported.

5. Has any of the Applicant's or a predecessor firm's professional staff ever had their license revoked or suspended or been formerly reprimanded or been the subject of a disciplinary action? No Yes

Applicant's Printed Name

Applicant's Title

Date

National Producer # 18439135/ CA License # 0L81423

ASSOCIATIONS LIABILITY INSURANCE AGENCY
CLAIM/DISCIPLINARY SUPPLEMENT FORM

To be completed only if applicable after completing the Loss Information section.

Name of Applicant: _____

A. Date of Claim/Disciplinary Action _____ Date of alleged error: _____

B. Claim No. _____ C. Full Name of Claimant: _____

D. Full Name of individual(s) of firm involved in claim: _____

E. Location address appraised/ inspected: _____

F. This relates to a: Claim/ Suit Disciplinary Action Incident

G. Incident/claim/Disciplinary action Open Closed

H. Name of Insurer _____
If no insurer, check here

I. Description of property appraised/inspected related to claim, disciplinary action or incident:

J. Alleged act, error or omission upon which Claimant bases claim, disciplinary action or incident:

K. Description of events and case:

L. Outcome:

M. What measures have you taken or will you take to prevent similar claims, disciplinary actions or incidents from arising?

I certify that the information in this supplemental application is complete and true. I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions.

Signature of Applicant _____

Title _____ Date _____