



HOME INSPECTORS PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTICE: THE POLICY FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD ARE COVERED SUBJECT TO THE POLICY PROVISIONS.

THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY CLAIMS EXPENSES. CLAIMS EXPENSES ARE ALSO APPLIED AGAINST YOUR RETENTION, IF ANY. IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE, PLEASE DISCUSS THEM WITH YOUR INSURANCE AGENT.

A GENERAL INFORMATION

Applicant Name _____

Business Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Website _____

Business Type: Corporation Partnership Limited Liability Company Other _____

Year Established _____

Professional Services Provided and Percentage of Each: _____

Number of Principals, Partners, Directors, Officers, and Professional Employees _____ Total Number of Employees _____

1. How many years of related professional experience does the principal or other key professional employee have? _____ Years
2. Does this Applicant have any Subsidiaries? Yes No
3. Does more than 50% of your revenue come from a single client? Yes No
4. Do you require a written contract or agreement for services with your customers?* Yes No
5. Are all contracts reviewed by your legal department or a third party law firm? Yes No
6. After inquiry, any principals, directors, officers, partners, professional employees or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses or circumstances which might reasonably be expected to give rise to a claim against the Applicant or any proposed insured entity? Yes No
7. During the past five years, has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities? Yes No
8. During the past five years, have any claims or suits been made against the Applicant, any predecessors in business, subsidiaries, affiliates or any principal, director, officer or professional employee?* Yes No
9. Has the Applicant reported these matters listed in the above 3 questions to its current or former insurance carrier? Yes No

B SUBSIDIARIES

1. List (on the following page) all Subsidiaries for which coverage is desired. For purposes of completing this question, Subsidiary means any entity that is not formed as a joint venture of which the Applicant owns or has the right to vote more than 50% of the outstanding voting securities representing the present right to vote for election of directors, or the managers or members of the board of managers or equivalent executives of a limited liability company or partnership, on or before the inception date of the Policy. Please provide percentage ownership by Applicant:

SUBSIDIARY NAME	PERCENTAGE OF OWNERSHIP	ACQUISITION OR FORMATION DATE
SERVICES Performed by the Subsidiary		
Subsidiary	%	
Services		
Subsidiary	%	
Services		
Subsidiary	%	
Services		
Subsidiary	%	
Services		

2. Acquisition, Merger, Consolidation:

- a. Is the Applicant owned, controlled or affiliated with any other entity? Yes No
- b. Has the name of the Applicant ever been changed?..... Yes No
- c. Has the Applicant ever been the subject of any merger, acquisition or consolidation? Yes No

If the answer is "Yes" to any part of Question 2, please explain on a separate sheet.

- 3. During the past five years, have any of the Subsidiaries listed in question 2 been engaged in any business or professional services other than those professional services listed in question 4a? Yes No

If "Yes", please explain on separate sheet.

- 4. Do you anticipate any material changes to the nature of the Applicant's business in the next 12 months, including but not limited to acquisitions or divestitures of subsidiaries by the Applicant, acquisition or divestiture of the Applicant by another entity, substantial increase in or reduction of staffing (net change of +/- 10% or more), any change in business strategy, structure or plan, or any other material change in business? Yes No

If "Yes", please explain on separate sheet.

C REVENUE

1. Indicate below the total revenues for all Business Activities in all categories:

	YEAR (YYYY)	REVENUES	PERCENT NON-US REVENUES
Current Fiscal Year		\$	%
Projected Next Fiscal Year		\$	%

D CLIENTS

a. Complete the following for the Applicant's 5 largest clients:

	CLIENT	PROFESSIONAL SERVICES PROVIDED	REVENUES
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

b. Total number of clients: _____

F REQUESTED LIMITS

Limits of Liability desired \$ _____ Deductible desired \$ _____

E PRIOR INSURANCE

a. Please provide the following information for any Errors and Omissions or Professional Liability Insurance the Applicant carried during the last five years:

1	COMPANY		LIMIT OF LIABILITY		DEDUCTIBLE
			\$		\$
	PREMIUM	POLICY PERIOD	RETRO DATE		
	\$				
2	COMPANY		LIMIT OF LIABILITY		DEDUCTIBLE
			\$		\$
	PREMIUM	POLICY PERIOD	RETRO DATE		
	\$				
3	COMPANY		LIMIT OF LIABILITY		DEDUCTIBLE
			\$		\$
	PREMIUM	POLICY PERIOD	RETRO DATE		
	\$				
4	COMPANY		LIMIT OF LIABILITY		DEDUCTIBLE
			\$		\$
	PREMIUM	POLICY PERIOD	RETRO DATE		
	\$				

b. Has any Errors or Omissions Insurance or Professional Liability Insurance issued to the Applicant ever been declined, cancelled or non-renewed? Yes No ***If "Yes", please explain on separate sheet.***

FRAUD WARNING STATEMENTS

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application (or any supplemental application, questionnaire or similar document) containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO 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 subjects such person to criminal and civil penalties.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

Applicant's Signature: _____
(Must be signed by an Officer of the Applicant)

Print Name _____ Print Title _____

Date (MM/DD/YYYY) ____/____/____

FOR FLORIDA APPLICANTS ONLY:

Agent Name _____ Agent License
Identification Number _____

FOR WYOMING APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE POLICY FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE MY LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature: _____
(Must be signed by an Officer of the Applicant)

Print Name _____ Print Title _____

Date (MM/DD/YYYY) ____/____/____