

Home Inspectors Professional Liability Insurance Application

THIS INSURANCE, IF ISSUED, WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

NOTICE: THIS IS A CLAIMS MADE POLICY. EXCEPT TO THE EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY ONLY FOR THOSE CLAIMS THAT ARE FIRST MADE AGAINST YOU AND REPORTED IN WRITING TO US DURING THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

Application Instructions:

1. Please type or complete the application in ink.
2. If additional space is needed, please use your firm's letterhead.

To support your submission, please include:

1. A copy of the Applicant's standard contract or agreement.
2. Resumes of the Applicant's principals or key personnel.

General Applicant Information

- RENEWAL OF: _____ NEW BUSINESS
1. Name of Applicant: _____ DBA: _____
2. Mailing Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Desired Effective Date: ____/____/____
MM DD YR
5. Contact Name: _____
6. Phone Number: _____ E-mail address: _____
7. Applicant is: Corporation Partnership Individual LLC Other _____

Operations

8. Description of Operations: _____

9. Number of Inspectors: _____
10. Projected Annual Revenues: \$ _____
11. Total Revenue from Commercial Inspections: \$ _____
12. Year Established: _____
13. Does the Applicant have Professional Liability Coverage? Yes No
If **yes**, does the Applicant have Full Prior Acts Yes No
If **no**, please indicate the retroactive date ____/____/____
MM DD YR
14. Is the Applicant a member of the National Association of Certified Home Inspectors (NACHI) *OR*
A member of the American Society of Home Inspectors (ASHI)? Yes No
15. Does the Applicant participate in a formal Risk Management or Continuing Education Program or
maintains membership to another Professional Association offering risk management services? Yes No
16. Is a Pre-Inspection Agreement/Contract signed 100% of the time? Yes No

Signature of Owner, Partner or Principal of Insured	Title	Date
---	-------	------

Signature of Insured's Agent or Broker	Title	Date
--	-------	------

IF A POLICY IS ISSUED THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs or defense expenses that are incurred shall be applied to the deductible amount.

Signature of Owner, Partner or Principal of Insured	Title	Date
---	-------	------

Signature of Insured's Agent or Broker	Title	Date
--	-------	------