

# HOME INSPECTORS' SUPPLEMENTAL APPLICATION

All questions must be completed in full. If space is insufficient to fully answer a question, attach a separate piece of paper.

This supplemental Questionnaire is designed to supplement the information provided in the New Business application(s) which must accompany this questionnaire.

1. Name of Applicant:

	Current Year	Next Year
2. a. Number of Inspections		
b. Inspection Fee per Inspection	\$	\$
c. Gross Annual Revenue	\$	\$

3. Type of Inspections: (TOTAL SHOULD EQUAL 100%)

Structural	%	Mechanical	%
Pest	%	Mold	%
Safety	%	Construction	%
Septic/On-site Sewage	%	Other	%

4.

Residential	%
Commercial/Industrial	%
New Construction	%

5. Source of Business: (TOTAL SHOULD EQUAL 100%)

Individual Seller	%
Prospective Buyer	%
Real Estate/Relocation Company	%
Finance Company/Mortgage Broker	%

6. Are you an exclusive home inspector for any one realtor or real estate company?  Yes  No  
 If yes, provide explanation:

7. 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

8. Are you a builder, contractor or repair/remodeling contractor?  Yes  No  
 If yes, do you provide any of these services on the same properties you inspect?  Yes  No

9. What percentage of your work is subcontracted? \_\_\_\_\_ %  
 Do you require subcontractors to carry their own E&O Liability Insurance?  Yes  No  
 If yes, do you obtain a certificate of insurance?  Yes  No

- a. What type of inspection report do you use?  Narrative  Checklist  Verbal
- b. What inspection standards are used?  ASHI  NAHI  NACHI  FABI  GAHI  CREIA  
 Other – Please describe:

- c. Do you currently use a pre-inspection agreement when performing a home inspection? (Attach a copy of the agreement)  Yes  No
10. Are the agreements signed in advance by your customer?  Yes  No
11. Do you offer any warranties or guarantees?  Yes  No  
If yes, provide an explanation:

This Supplemental Application does not bind the applicant to buy or the insurer to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued and it will be attached to and become part of the policy. The undersigned authorized officer of the applicant declares that the statements set forth in this Supplemental Application are true. The undersigned authorized officer agrees that if the information supplied on this Supplemental Application changes between the date of this Supplemental Application and the effective date of the insurance, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)*

Broker: \_\_\_\_\_

Address: \_\_\_\_\_



- (e) Advertisements, brochures, and descriptive literature on the Applicant's business.
- (f) Sample contract for services between the Applicant and its clients.
- (g) A list of and description of affiliations with any organization owned by any owner, partner or officer of any Applicant.

13. If you are applying for renewal with this company, attach:

- (a) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$1,000,000 or less.)
- (b) Any changes in any items provided last year pursuant to Items (a), (c), (d), (e), (f) or (g) above.

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**PROFESSIONAL ACTIVITIES AND SPECIALTY**

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14. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %

15. (a) Estimated annual gross revenues for the coming year: \$ \_\_\_\_\_
- (b) Percentage of annual gross revenues for the coming year:
- (i) Domestic: \_\_\_\_\_ %
  - (ii) Foreign: \_\_\_\_\_ %
- (c) Annual gross revenues for the last three years:
- (i) last twelve months: Year: \_\_\_\_\_ \$ \_\_\_\_\_
  - (ii) 1<sup>st</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_
  - (iii) 2<sup>nd</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_

16. Describe Applicant's five largest jobs in the last three years:

Client Name	Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Is the Applicant engaged in any business or profession other than as described in Item 1 above?.....Yes [ ] No [ ]  
 If Yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one contract? .....Yes [ ] No [ ]  
 If Yes, specify client, professional services and duration of contract. \_\_\_\_\_  
 \_\_\_\_\_

19. Does the Applicant utilize the services of independent contractors or sub-consultants?.....Yes [ ] No [ ]  
 If Yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each.  
 \_\_\_\_\_

20. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything? .....Yes [ ] No [ ]

(b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? .....Yes [ ] No [ ]

If Yes, to either (a) or (b) describe. \_\_\_\_\_

21. Is any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? .....Yes [ ] No [ ]

If Yes, advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant. \_\_\_\_\_

**CLAIMS/HISTORY**

22. During the last five years, have there been any claims or proceedings arising out of professional services against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance? .....Yes [ ] No [ ]

If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.

23. Is the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance?.....[ ] Yes [ ] No

If Yes, provide details. \_\_\_\_\_

24. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five years? .....Yes [ ] No [ ]

If Yes, attach a copy of such insurer's notice.

25. Has the Applicant and/or any of its principals, partners, owners, officers, directors, managers and/or managing members or employees, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices?.....Yes [ ] No [ ]

If Yes, provide details on a separate sheet.

26. Previous Professional Liability Insurance:

Policy Period	Insurer	Indicate whether Claims Made or Occurrence policy	Limits of Liability	Deductible	Retro Date	Premium

27. Does the Applicant carry General Liability Insurance? .....Yes [ ] No [ ]

If Yes, provide: Insurer: \_\_\_\_\_ Limits: \_\_\_\_\_

Does coverage include Products/Completed Operations Hazards? .....Yes [ ] No [ ]

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a claims made basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

The underwriting manager, Insurer and/or affiliates thereof are authorized to make any inquiry in connection with this application. Information regarding the applicant, or any person(s) or entity(ies) proposed for this insurance, received, found or developed by us and not part of the application, shall be used solely at our discretion, who shall not have any liability for the use or failure to use such information. Any such independently developed information shall not be attached to any subsequently issued policy or be considered part of the application.

Signing this application does not bind the Insurer to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The underwriting manager, Company and/or affiliates thereof, reserve the right to amend or withdraw terms upon review of the above additional information. In the event of any material change in underwriting information before coverage is bound, terms may be modified or withdrawn.

**WARRANTY**

I/We warrant to the Insurer, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Insurer and/or affiliates thereof.

The statements in the Declarations are accurate and complete.

That the statements made in the application and attachments and any other materials submitted are true and are the basis of this Coverage Part and are considered as incorporated into and constituting a part of this policy

That the statements made in the application and attachments and any other materials submitted are representations and that such representations are deemed material to the acceptance of the risk or the hazard assumed by us under this Coverage Part and that this Coverage Part is issued in reliance upon the truth of such representations

That in the event that the application, including attachments and any other materials submitted, contains misrepresentations which materially affect either the acceptance of the risk or the hazard assumed by us, this Coverage Part in its entirety shall be void and of no effect

Must be signed within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notice to 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 the person to criminal and civil penalties.