

## HOME INSPECTORS PROFESSIONAL LIABILITY INSURANCE APPLICATION

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.

### Application Instructions

- A. Please type or complete the application in ink.
- B. If additional space is needed, please use your firms letterhead.

### A. General Information

1. Applicant Company Name: \_\_\_\_\_  
DBA: \_\_\_\_\_
2. Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Effective Date: \_\_\_\_\_
4. Policy Form: \_\_\_\_\_  
(Claims-Made only for New Business)
5. Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
6. Type of Business: \_\_\_\_\_  
(Individual, Corporation, Partnership, LLC, other)
7. FEIN Number: \_\_\_\_\_

### B. Operations

8. Number of Inspectors: \_\_\_\_\_
9. Projected Annual Revenue: \_\_\_\_\_
10. Total Revenue From Commercial Inspections: \_\_\_\_\_
11. Year Established: \_\_\_\_\_

12. Description of Operation:

---

---

13. Prior Year Total Gross Revenues: \_\_\_\_\_

14. Is a Pre-Inspection Agreement/Contract signed 100% of the time? YES / NO

15. Does any member of the Applicant provide services outside the scope of Home Inspection? YES / NO  
*If 'YES', please provide full details:*

---

---

16. To what professional association(s) does the Applicant belong?

---

---

### C. Policy Limits

17. Combined Limits Desired: \_\_\_\_\_ Deductible Desired: \_\_\_\_\_

### D. Optional Coverages *(check if coverage is desired):*

18.  Premises Liability (subject to sublimit):
- Wood Destroying Organisms/Termite Inspection (subject to sublimit)
  - Radon Inspections/Sample Collections (subject to sublimit)

### E. Optional Endorsements

19. Referral Endorsement: \_\_\_\_\_

20. Franchisor Name: \_\_\_\_\_

21. Add Additional Named Insured: \_\_\_\_\_

22. Add Additional Insured: (name/address) \_\_\_\_\_

---

## F. Claim History:

23. In the past five years, has any professional liability claim or suit been made against the applicant or predecessor firms? of its predecessor firms if any? YES / NO

*If 'YES' provide claim/suit information:*

---

---

---

---

## G. Insurance History

24. Please list the Applicants Professional Liability Insurance Coverage carried during the \_ past year, including any periods without coverage.

Previous Year's Insurance Carrier: \_\_\_\_\_

Expiring Limits: \_\_\_\_\_

Expiring Deductible: \_\_\_\_\_

Expiring Premiums: \_\_\_\_\_

25. Retroactive Date of current (claims made) policy (mm-dd-yyyy): \_\_\_\_\_

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURANCE COMPANY WHICH THIS APPLICATION IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE PART HEREOF. THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

---

Signature of Owner, Partner or Principal, 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 Applicant hereby acknowledges that he or she or 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 judgement or settlement to the extent that such exceeds the limit of liability of this policy. The Applicant hereby further acknowledges that he or she or 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, Title, Date

---

Signature Witness/Broker SIGNED AT DATE

Application

**A. Applicant Information**

1. **Contact Name:** \_\_\_\_\_

2. **Phone:** \_\_\_\_\_

3. **Type of Business** (*circle one*): **Individual**    **Corporation**    **Partnership**    **LLC**    **Other**

4. **FEIN Number:** \_\_\_\_\_

**5. Surplus Lines Taxes and Fees**

License # \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**B. Business Operations**

1. **Any work being done by railroad employees? YES / NO**

*If 'YES', please explain:*

\_\_\_\_\_  
\_\_\_\_\_

2. **Are flagman and watchman to be employed? YES / NO**

*If 'YES', please explain:*

\_\_\_\_\_  
\_\_\_\_\_

3. **What type of railroad line is involved** (*Please circle one*): **Mainline**    **Branch**    **Spur**    **Yard**

4. **Will the contractor listed be doing all of the work? YES / NO**

5. **What is the contractor's five-year incurred GL Loss Ratio?**

6. **Will there be any blasting? YES / NO**

*If 'YES', please explain:*

\_\_\_\_\_  
\_\_\_\_\_

7. Will utility lines need to be moved or disturbed in any way? YES / NO

*If 'YES', please explain:*

---

---

8. Job Description: \_\_\_\_\_

9. Contract Number: \_\_\_\_\_

10. Length of Contract (days): \_\_\_\_\_

### C. Claims History

1. Applicant Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

2. Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Description of Contractor Operations:

---

---

5. CGL Carrier: \_\_\_\_\_

6. CGL Limits: \_\_\_\_\_

7. Umbrella Carrier: \_\_\_\_\_

8. Umbrella Limits: \_\_\_\_\_

9. Is the sum of the contractor's CGL Occurrence Limit and Umbrella Occurrence Limit greater than or equal to the Railroad Protective Occurrence Limit? YES / NO

10. Name and Address of Government Authority for whom the work by the Contractor is being done:

---

---

## D. Coverages and Endorsements

1. **Pollution Exclusion Amendment:** YES / NO

2. **Add Additional Named Insured(s) – Railroad:**

*Name & Address:* \_\_\_\_\_

\_\_\_\_\_

3. **Add Additional Insured:**

*Name & Address:* \_\_\_\_\_

\_\_\_\_\_