

HOME INSPECTOR INSURANCE PROGRAMS

For
Professional Home Inspectors

Presented by the



Allen Insurance

g r o u p

P.O. Box 1439
304 MLK Jr. Dr.
Fort Valley, GA 31030
Toll Free 1-800-474-4472
Fax 1-478-822-9149
www.allenins.com



Dear Home Inspector,

This is our information package. In order to provide you with a quote, we will need the following information:

- 1) Completed Application and Quote Request Form
- 2) Resume reflecting 3 years as a home inspector or 3 years of construction experience – this is a requirement for our Premium Program (Send a resume even if you do not have this experience as you can receive a quote in our Standard Program).
- 3) Copy of your Inspection Agreement
- 4) If currently or previously insured, a Loss Run Report from your Insurance Company, and the declarations page of your current policy.

We appreciate your interest in our programs

Bob Pearson

InfoPacLetter

“THE HOME INSPECTOR INSURANCE PRIMER”

Why do I need both Professional Liability and General Liability Insurance?

General Liability provides coverage while you are performing the inspection and at your office. You have two exposures while you are performing the inspection: (1) Property Damage -- your ladder falls over and breaks the windshield of the homeowner's auto, (2) Bodily Injury -- your ladder falls over and hits the homeowner's child on the head and the child suffers a permanent injury, this is the exposure for which you really purchase insurance.

Professional Liability provides coverage for actual or alleged errors & omissions in your Inspection Report. Again, you have two exposures: (1) Property Damage - - you miss or allegedly miss a leaking roof, (2) Bodily Injury -- a basement stair riser is several inches different than the rest and you did not note this in your report -- the buyer's child falls down the steps and suffers a serious injury. As you can see, the Bodily Injury exposure is the one with the greatest potential for large claim settlements.

Are separate limits for Professional Liability and General Liability important?

When you have one limit for both types of insurance, you expose yourself to using up your policy aggregate, a large Professional Liability settlement, for one claim, and you have no insurance for another serious General Liability claim.

the common law of Business Balance

*It's unwise to pay too much,
but it's worse to pay too little.
When you pay too much
you lose a little - that is all.*

*When you pay too little
you sometimes lose everything,
because the thing you bought was incapable
of doing the things it was bought to do.*

*The common law of business balance
prohibits paying a little and getting a lot,
it can't be done.*

*If you deal with the lowest bidder,
it is well to add something for the risk you run,
and if you do that you will have enough
to pay for something better.*

Author Unknown

Comparing Apples to Oranges Occurrence to Claims-Made Policies

We offer two policy forms - Occurrence and Claims-Made. Both provide protection but you should know that like apples and oranges there are major differences between the two. By understanding the differences between the two you will be a more knowledgeable buyer.

OCCURRENCE COVERAGE

Occurrence coverage has been the traditional form of coverage used to provide liability insurance. Our policy provides coverage for a covered act which takes place during the policy period and for 4 years thereafter.

CLAIMS-MADE COVERAGE

Claims-made coverage was introduced as an alternative form of coverage, and as a way to keep liability insurance available. Under a claims-made policy, coverage is provided for claims which are made and reported to the insurance company during the policy period.

The date you first buy a claims-made policy is called your retroactive date.

As you renew a claims-made policy the retroactive date is the date back to which claims will be covered by the renewed policy.

WEIGHING THE DIFFERENCES

OCCURRENCE COVERAGE

Advantages:

Fixed Cost. Coverage for a policy period is fixed. You need not worry that on renewal you may be turned down or offered a price you cannot afford.

Long-term Protection. Specific policy periods will always provide protection into the future regardless of claims or market conditions.

Mobility. The occurrence policy makes it easier to change insurance companies without additional costs or potential gaps in coverage.

Peace of Mind. If you have an occurrence policy and you need to cancel it, you forget to make a payment and are canceled, your insurance company decides not to renew you, or they decide not to write home inspectors any more you need not worry - you are still covered for 4 more years for inspections performed while the policy was in force..

Disadvantages:

Cost. Initially more expensive than a claims-made policy.

CLAIMS-MADE COVERAGE

Advantages:

Cost. Initially less expensive than an occurrence policy.

Disadvantages:

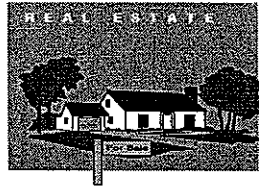
Future Costs. Should the policy be discontinued by you or your insurance company you will need to buy "extended reporting coverage" which could be costly.

Less Peace of Mind. If you should miss a payment and your policy is canceled or have a financial setback and need to cancel the policy you have lost all of your coverage for previously insured inspections.

In our opinion an occurrence policy is a vastly superior product for the typical home inspector.

This is a sample of a brochure that comes with our PREMIER E&O POLICY

REAL ESTATE AGENTS and BROKERS



**ARE YOU PROTECTED WHEN YOU REFER A HOME INSPECTOR?
YES!**

**When you refer a Home Inspector participating in the NARREP sponsored
Home Inspector Insurance Program**

All Insurance Policies to NARREP Members Have This Endorsement:

LIMITED ADDITIONAL INSURED ENDORSEMENT REFERRALS

Insurers agree to extend coverage provided by this Policy to include the referring Real Estate Agent or Broker, Realtor, Lending Institution, Relocation company and/or Real Estate Attorneys and their agents or employees to indemnify the referring Real Estate Agent or Broker, Realtor, Lending Institution, Relocation Company and/or Real Estate Attorneys and their agents or employees for those sums they become legally obligated to pay by reason of damages arising out of any Occurrence occurring during the policy period, provided all Claims are referred to Insurers for consideration and investigation.

**There is no deductible to the referring party
Why Refer Anyone Else To Do Inspections?**

Your Participating NARREP Home Inspector is:

Important Note

This brochure offers only a brief description of types of insurance coverage available. It is only a summary and is not intended to represent a contract. For complete information, please refer to your policy for specific coverages.

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

If You Are "Shopping" Your Insurance, Here is a

INSURANCE CHECKLIST

to help you compare our two programs with others

Our Programs

Coverage	Premium	Standard	Other
Errors & Omissions			
Standard Features			
Occurrence form - 4 year claims reporting	Yes	No	_____
Claims Made form	No	Yes	_____
Number of years of extended claims reporting	N/A	Three	_____
Prior Acts available	N/A	Yes	_____
Limits separate from the General Liability	Yes	No	_____
Consent to settle clause	Yes	Yes	_____
Bodily Injury (a critical coverage)	Yes	Yes	_____
Property Damage	Yes	Yes	_____
Real Estate Agents referral coverage	Yes	Yes	_____
Coverage for your corporation	Yes	Yes	_____
Coverage for Inspections including:			
Modular and Mobile Homes	Yes	Yes*	_____
Commercial & Industrial Buildings	Yes	Yes*	_____
Well & Septic	Yes	No	_____
Pool and Spas	Yes	No	_____
Coverage for incidental claims arising out of Lead Based Paint, Radon or Termites	Yes	No	_____
Coverage for Carbon Monoxide claims	Yes	No	_____
Optional coverages for:			
Radon Testing	Yes	Yes	_____
Termite/Pest Inspections	Yes	Yes	_____
Lead Based Paint Testing	Yes	No	_____
203k Consulting	Yes	No	_____
Draw Inspections	Yes	No	_____
Code Inspections	Yes	No	_____
Course of Construction Inspections	Yes	No	_____
Insurance Inspections	Yes	No	_____
Energy Audits	Yes	No	_____
(*restricted coverage)			
General Liability			
Occurrence form - 4 year claims reporting	Yes	No	_____
Claims Made form	No	Yes	_____
Number of years of extended claims reporting	N/A	Three	_____
Comprehensive coverage	Yes	No	_____
Limited coverage	No	Yes	_____
Limits separate from the Errors & Omissions	Yes	No	_____
Coverage at the Inspection Site	Yes	Yes	_____
Coverage at Your Office	Yes	No	_____
Bodily Injury	Yes	Yes	_____
Property Damage	Yes	Yes	_____
Contractual Liability	Yes	No	_____
Personal and Advertising Injury	Yes	No	_____
Premises Medical Payments	Yes	No	_____

ALLEN INSURANCE GROUP

Why Choose the Allen Insurance Group?

We have been insuring inspectors since 1992

Simply Superior Service

In House Claims Assistance

Competitive Pricing

Policies you can grow with – all our policies cover multiple inspectors – no need to buy separate policies for each inspector

We speak your language – our Executive Director was a home inspector from 1985 to 2000 – our President was a hands on home builder

Thank You for considering the
Allen Insurance Group

Bob Pearson – Executive Director

ALLEN INSURANCE GROUP

"We Give You Options"

PREMIUM PROGRAM

"The SIMPLY SUPERIOR Policy"

OCCURRENCE FORM POLICY

For Experienced Inspectors or New Inspectors who have a construction background. Either 3 years of inspecting or 3 years of construction.

STANDARD PROGRAM

For Experienced Inspectors

Lower cost claims made policy

Minimum of one year in business as an inspector.

NHI PROGRAM

For New Home Inspectors without a construction background or less than one year in business.

After the first year you will qualify for the

STANDARD PROGRAM.

BUSINESS OWNERS PROGRAM

For experienced Inspectors who just want a Business Owners Policy with General Liability coverage with options for tools and computers (can be combined with any program above).

ALLEN INSURANCE GROUP

PREMIUM PROGRAM

E&O OCCURRENCE POLICIES

Typical Costs (All states except CA – 10% surcharge)

Limit	1 Inspector firm	2 Inspector firm
\$150,000/\$300,000	\$3175	\$4835
\$300,000/\$600,000	\$3450	\$5110
\$500,000/\$1,000,000	\$4050	\$5720

(The above are minimum premiums for experienced inspectors. They apply to firms with receipts up to \$60,000. If your receipts are greater than \$60,000 the cost will be proportionately higher.)

Standard Features:

- “A” Rated Insurance Company
- Coverage for your Corporation is Included (Very important if you are a corporation)
- \$1500 Deductible
- Very Broad Inspection Referral Coverage
- Coverage for Commercial Inspections
- Water and Septic Testing
- Carbon Monoxide Claims ie cracked heat exchanger
- Pool & Spa Inspections
- Coverage for Incidental Radon, Termite & LBP Claims
- In-House Claims Assistance
- 24 Hour Quotes

Financing:

Financing is available with a 12.6% downpayment and 9 monthly payments

Options:

Comprehensive General Liability	\$400	WDO/WDI Inspections	\$500
Radon Testing	\$100	Lead Based Paint	\$150
203K	\$250	Course of Construction	\$100
Code Inspections	\$200	Draw Inspections	\$100

Prior Acts for those who currently have a Claims Made Policy - \$Varies

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time.

ALLEN INSURANCE GROUP

STANDARD PROGRAM

E&O CLAIMS MADE POLICIES

Typical Costs

Limit	1 Inspector firm	2 Inspector firm
\$100,000/\$100,000	\$1852	\$2942
\$100,000/\$500,000	\$1903	\$3028
\$250,000/\$250,000	\$1937	\$3083
\$250,000/\$500,000	\$2071	\$3309
\$300,000/\$300,000	\$2102	\$3362
\$500,000/\$500,000	\$2124	\$3398
\$500,000/\$1,000,000	\$2372	\$3815
\$1,000,000/\$1,000,000	\$2455	\$3954

(Costs are for experienced inspectors)

Standard Features:

"A" Rated Insurance Company

Coverage for your Corporation is Included (Very important if you are a corporation)

\$2500 Deductible

\$50,000 Accidental Death and Dismemberment Policy

Agents Referral

Prior Acts for those who currently have a Claims Made Policy.

Financing:

Financing is available with a 25% downpayment and 11 monthly payments

Options:

On-Site General Liability	\$210
WDO/WDI Inspections	\$735
Radon Testing	\$150
\$1500 Deductible	10% surcharge
Commercial Inspections	10% surcharge

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time.

ALLEN INSURANCE GROUP "NHI" PROGRAM

**"The" Policy for NEW Inspectors who
do not have a construction background**

E&O CLAIMS MADE POLICY

Typical Costs

Limit	1 Inspector firm	2 Inspector Firm
\$100,000/\$100,000	\$2253	\$3615
\$100,000/\$500,000	\$2317	\$3723
\$250,000/\$250,000	\$2358	\$3792
\$250,000/\$500,000	\$2526	\$4075
\$300,000/\$300,000	\$2565	\$4139
\$500,000/\$500,000	\$2592	\$4186
\$500,000/\$1,000,000	\$2903	\$4707
\$1,000,000/\$1,000,000	\$3006	\$4880

Standard Features:

"A" Rated Insurance Company

Coverage for your Corporation is Included (Very important if you are a corporation)

\$2500 Deductible

\$50,000 Accidental Death and Dismemberment Policy

Agents Referral

Financing:

Financing is available with a 25% downpayment and 11 monthly payments

Options:

On-Site General Liability	\$260
WDO/WDI Inspections	\$920
Radon Testing	\$200
\$1500 Deductible	10% surcharge
Commercial Inspections	10% surcharge

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time.

ALLEN INSURANCE GROUP
**“Business Owners”
PROGRAM**

**For experienced inspectors who want a
Business Owners Policy that includes
General Liability insurance with options for
tools and computers**

**This is a VERY comprehensive insurance
policy!**

**It may be purchased by itself or in
conjunction with either of our E&O policies.**

**Please complete our application form and
the Business Owners Policy Supplemental
Application**

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time.

QUOTE REQUEST FORM

(RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

Business Name _____

Please select 1 of the following based on your qualifications or needs

___ Premium E&O Program - Occurrence Form

Select here if you are an experienced inspector **OR** have hands on construction experience (**either must be three years or more**).

NOT Available in AL, AK, AR, DC, LA, MS, NE, NH, NJ, OK, TX, VT, WV or WY

___ With General Liability ___ Without General Liability

___ Standard E&O Program - Claims Made Form

Select here if: You have been in business as a Home Inspector for one to three years and do not have three years of hands on construction experience, or are just interested in a lower priced claims made policy.

NOT Available in AK, DC, DE, MS, NE, OK, OR or WY

___ With General Liability ___ Without General Liability

___ New Home Inspector E&O Program - Claims Made Form

Select here if you have been in business less than one year and do not have three years of hands on construction experience.

NOT Available in AK, DC, DE, MS, NE, OK, OR or WY

___ With General Liability ___ Without General Liability

___ Business Owners Policy with General Liability Coverage
(With optional tool, office & contents coverage)

NOT available in AK, FL, HI, LA, NV, NY, OR or VA

**NOTE: This is NOT the same General Liability that comes in conjunction with the Errors and Omissions policies above.

Signature: _____

Authorized signature of owner, partner or executive officer

A facsimile signature shall have the same validity as an original subject to the receipt of the original.

Title: _____ Date of Signing: _____

REAL ESTATE INSPECTOR APPLICATION for PROFESSIONAL INDEMNITY (E&O) and GENERAL LIABILITY INSURANCE

Administered by: **Allen Insurance Group**
through its wholly owned subsidiary:

NARREP, Inc. of Georgia a Risk Purchasing Group
304 MLK Jr. Drive P.O. Box 1439 Fort Valley, Georgia 31030
Voice: (800) 474-4472 Facsimile: (478) 822-9149

Please type or print in INK.

Answer all questions, use "NONE" or "N/A" where appropriate, use attachments as necessary. We cannot process incomplete applications.

1. Applicant/Firm information:

Full Business Name: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Location Address: _____

City: _____ St: _____ Zip: _____

Business phone: (_____) _____

Facsimile number: (_____) _____ is this a dedicated fax line? Yes/No

E-Mail Address: _____

Individual to contact: Mr. Mrs. Ms. _____

2. a. Date the real estate inspection business was established: _____

b. Type of entity: Corporation/LLC Partnership Sole Proprietor Other _____

3. List all home inspectors including part-time home inspectors. Coverage is provided only for inspections performed by those listed. Coverage will be provided for independent contractor (IC) home inspectors if included below. (Use attachments as necessary)

Name	Years of Experience			Employee or IC
	as an Inspector	in Construction	Architect or Engineer?	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. List all other staff and their position. (Use attachments as necessary)

Name	Position
_____	_____
_____	_____

5. Does the applicant/firm:

a. perform any activities other than property inspections? (i.e., Home repairs, Energy Audits, HUD Inspections etc)

Yes/No If **Yes**, describe _____

b. engage in any Architectural or Engineering activities? (i.e. architectural design or analysis; or structural, mechanical, electrical, or civil design or analysis etc)

Yes/No If **Yes**, attach a detailed description of these activities and E&O insurance declaration page(s).

6. Errors and Omissions coverage the applicant/firm has had for the past three years:
 (Attach Copies of Declarations Pages and Insurance Company Loss Runs)

From	To	Company	Policy Number	Policy Limits	Premium

7. Please indicate the limit of liability and deductible for which you would like a quotation
 (If you do not need or desire General Liability mark the box on line C.):

a. **LIMIT:** Applies to claim expense and indemnity. (Per Claim/Aggregate all Claims)
 \$150,000/\$300,000 \$300,000/\$600,000 \$500,000/\$1,000,000

c. **E&O DEDUCTIBLE:** Applies to each claim and is inclusive of defense costs, claim expenses and indemnity.
 \$1,500 \$2,500 \$3,500 \$5,000 \$7,500 \$10,000 \$25,000
 Note: A \$250 applies to General Liability property damage claims - No General Liability Deductible for Bodily Injury Claims

d. Do **NOT** quote General Liability, I/We already have or do NOT desire General Liability Coverage.

8. Inspection information for Pre-Purchase Inspections **ONLY**. (Do NOT include fees from other types of inspections such as Radon Tests, Termite Inspections, etc.)

	Last 12 months	Next 12 months (estimated)
a. Number of inspections:	_____	_____
b. Average fee per inspection:	_____	_____
c. Total annual inspection receipts:	_____	_____

Please Note: The number of inspections (8a) multiplied by the average fee per inspection (8b) must equal the total annual inspection receipts (8c).

d. Number of inspectors: _____

9. Inspection Information – Complete both columns

Sources of Pre-Purchase Inspection fees	Clients
a. One and two family dwellings: _____%	a. Sellers: _____%
b. Multiple family (3-4) dwellings: _____%	b. Prospective buyer: _____%
c. Multiple family dwellings over 4 units: _____%	c. Real estate company: _____%
d. Farms and Ranches: _____%	d. Relocation company: _____%
e. Commercial & Industrial _____%	e. Other: _____%

10. a. Has the name or ownership of the applicant/firm ever changed or has any other business been purchased, merged or consolidated with the firm? Yes/No

b. Is the firm owned or controlled by any other firm or individual? Yes/No

c. Does the firm, any owner or officer of this firm, own, engage in, operate, manage or act as a director or officer of any other business? Yes/No

If **Yes** to any question, provide details: _____

11. Have any claims been made against the applicant/firm, its predecessors, present or past owners, directors, officers or employees during the past five years? or Is the applicant/firm aware of any circumstances, allegations or contentions which could result in a claim(s) being made against the applicant/firm, its predecessors, present or past owners, directors or officers?
 Yes/ No If **Yes**, complete the enclosed application claim form information for each claim and provide a loss run from the Company providing insurance at the time of the claim.

12. Have any persons or firm proposed for this coverage ever been subject to disciplinary action by any state licensing board, court, regulatory authority, professional association or had their licensed revoked? Yes/ No If **Yes**, provide details: _____

13. Has any application for similar insurance on behalf of the applicant/firm or any of its owners, partners, executive officers or directors, or to the knowledge of the applicant/firm on behalf of its predecessors in business, ever been declined, canceled or refused?
 Yes/ No If **Yes**, provide details: _____

14. What formal training has been completed in real estate inspection by the principals and staff? _____

15. What professional organizations, associations or societies does the applicant/firm belong to? _____

16. Has any person or organization requested 1. A certificate of insurance or 2. to be added to your policy as an Additional Insured? i.e., Franchiser (other than Realtors)
 Yes/ No If **Yes**, explain: _____

___ Certificate of insurance only or ___ Additional Insured

Attn: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

17. Any hold-harmless agreements entered into by the applicant/firm? (Other than Your Inspection Agreement) Yes/ No If **Yes**, enclose a copy of same.

18. What percent of the applicant's/firm's business involves subcontracting work to others (other than listed in question 3?): _____ %
a. Please describe work subcontracted: _____
b. Do you require Certificates of Insurance from subcontractors? Yes/ No

19. a. **Enclose a recently completed inspection agreement and inspection report.**
b. **Enclose any descriptive brochures being used or No brochures used.**
c. **Enclose a resume on each real estate inspector with the applicant/firm.**

20. Complete Optional Coverage Supplement if optional coverage consideration is desired.

I/We understand and accept that the policy does not provide coverage for: appraising; real estate sales; inspections for compliance with codes or regulations; warranting or guaranteeing the present or future economic value of any home; warranting or guaranteeing the adequacy or performance of any structure, components or system; any engineering analysis; any architectural service; mold or other environmental hazards; course of construction inspections; construction draw inspections; 203k inspections; asbestos; inspections in Alaska, Alabama or Mississippi; estimated construction costs, cost to cure or repair costs; environmental site assessments; inspections for insurance companies; or log homes.

Note: Some of these exclusions may be covered by optional endorsements - see optional coverage supplement.

I/We further understand and accept that Termite or WDO/WDI; Lead Based Paint; or Radon claims are not covered by the policy unless you are **NOT** performing such inspections/tests and they are **EXCLUDED** in your inspection agreement and your agreement is signed by your client; or you are performing such inspections/tests and you purchase the optional endorsement for each.

I/We understand and accept that the policy only provides coverage for claims arising out of an inspection for which I/We have a properly completed inspection agreement. The inspection agreement must be the same as provided with the application or as on file with the Company. The agreement must be signed by the client or the clients representative.

I/We understand that defense costs, claims expenses and indemnity shall be applied against the deductible.

Note: The policy contains other exclusions, provisions and conditions. Please read your policy carefully and call your representative if you have any questions.

I/We understand that this application does not bind the applicant/firm, the agent, the general agent or the company to complete this insurance transaction by the issuance of a policy and that the agent, general agent, and the insurance company retain the right to request from you any additional information that is reasonably necessary or required in order to complete this transaction.

I/We hereby warrant that the information contained herein is true and correct and that no material facts have been misstated, omitted or suppressed. I/We understand and accept that this application, attachments and supplements shall be the basis and form a part of the insurance policy, if issued. I/We understand and accept that the Professional Indemnity (E&O) and General Liability sections of the insurance policy, if issued, is written on an OCCURRENCE basis with a four (4) year claim reporting clause. I/We understand and agree that no coverage will become effective until a written proposal is made, signed by the applicant/firm and returned along with payment in full or required down payment of the premium, taxes and fees quoted.

Signature: _____

Authorized signature of owner, partner or executive officer

A facsimile signature shall have the same validity as an original subject to the receipt of the original.

Title: _____ Date of Signing: _____

REAL ESTATE INSPECTOR APPLICATION

PROFESSIONAL INDEMNITY OPTIONAL COVERAGE SUPPLEMENT

Mark and answer the questions of those options for which a quote is desired, use attachments as necessary.

Business Name: _____

OPTIONS AVAILABLE FOR BOTH STANDARD AND PREMIUM PROGRAMS

RADON TESTING

1. Type of testing equipment used: _____
2. Describe any consulting performed: _____
3. Does the State in which the tests are performed require licensing?: Yes/No
4. Do you perform remediation?: Yes/No
if YES describe: _____
5. Is the laboratory used EPA listed?: Yes/No
6. Estimated number of tests to be performed next 12 months: _____ tests
7. Estimated total receipts for this activity next 12 months: \$ _____

TERMITE INSPECTIONS

1. Describe any consulting performed: _____
2. Does the State in which the inspections are performed require licensing?: Yes/No
3. Do you provide any treatment?: Yes/No
if YES describe: _____
4. Estimated number of inspections to be performed next 12 months: _____ inspections
5. Estimated total receipts for this activity next 12 months: \$ _____

ADDITIONAL OPTIONS AVAILABLE FOR PREMIUM PROGRAM ONLY

203k CONSULTING

1. Are You HUD approved for 203k consulting?: Yes/No
2. Does the State in which consulting is performed require licensing?: Yes/No
3. Are you involved as a contractor in any of the remodeling activities?: Yes/No
if YES describe: _____
4. Average remodeling loan value: \$ _____
5. Estimated number of projects to be performed next 12 months: _____ projects
6. Estimated total receipts for this activity next 12 months: \$ _____

LEAD BASED PAINT TESTING

1. Type of testing equipment used: _____
2. Describe any consulting performed: _____
3. I/we understand no coverage is provided by the policy for any risk assessment or remediation consulting activity. Yes/No
4. Does the State in which the tests are performed require licensing?: Yes/No
5. Do you perform abatement?: Yes/No
if YES describe: _____
6. Does the laboratory used comply with HUD QA/QC for analysis procedures?: Yes/No
7. Is the lab accredited by the AIHA or AALA?: Yes/No
8. Estimated number of tests to be performed next 12 months: _____ tests
9. Estimated total receipts for this activity next 12 months: \$ _____

CONSTRUCTION DRAW INSPECTIONS for LENDERS

1. Draw inspections performed to generally accepted building practices.
Actual Last 12 months Estimated Next 12 Months
2. Number of inspections _____
3. Average Fee \$ _____
4. Attach sample of contract and report.

COURSE OF CONSTRUCTION INSPECTIONS

1. Who are your clients? _____
2. Which is applicable:
 Performed to generally accepted building practices.
 Performed to current code requirements in your area
If so what code is used _____
If so, are you so certified? _____
3. Number of inspections Actual Last 12 months Estimated Next 12 Months
4. Average Fee \$ _____ \$ _____
5. Attach sample of contract and report.

CODE INSPECTIONS

1. Who are your clients? _____
2. Performed to current code requirements in your area.
What code is used _____
If so, are you so certified? _____
3. Number of inspections Actual Last 12 months Estimated Next 12 Months
4. Average Fee \$ _____ \$ _____
5. Attach sample of contract if applicable and report.

Other Options: Call for submission information
Energy Audits.

Call for information.

ATTACHMENTS REQUIRED TO COMPLETE THIS SUPPLEMENT: (if not previously submitted)
Training/experience and nationally recognized association affiliation documentation for each optional coverage.
Samples of testing results, inspections, reports, etc.
Copies of licenses.
Information as required in question 11 of the application (question 6 on the renewal application) regarding claims, etc.

I/We hereby warrant that the information contained herein is true and correct and that no material facts have been misstated, omitted or suppressed. I/We understand and accept that this application, attachments and supplements shall be the basis and form a part of the insurance policy, if issued. I/We understand and accept that the Professional Indemnity(E&O) and General Liability Sections of the insurance policy, if issued, is written on an OCCURRENCE basis with a four (4) year claim reporting clause. I/We understand and agree that no coverage will become effective until a written proposal is made, signed by the applicant/firm and returned along with payment in full or required down payment of the premium, taxes and fees quoted.

Signature: _____

Authorized signature of owner, partner or executive officer.

A facsimile signature shall have the same validity as an original subject to receipt of the original

Title: _____ Date of Signing: _____

APPLICATION CLAIM INFORMATION FORM

Business Name: _____

Instructions:

This claim information form is to be completed by the Applicant/Firm who is making application for Professional Indemnity and General Liability Insurance. The requested information will be held confidential.

Complete a form for each claim.

Please type or print in ink.

1. Claimant: _____

2. ___ Claim ___ Lawsuit ___ Incident

3. Date of Inspection: _____ Date of Claim: _____

4. If closed: Total loss & expenses paid \$ _____
Your deductible \$ _____

If open: Claimants demand \$ _____
Insurers loss & expense reserve \$ _____
Your deductible \$ _____

5. Name of Insurer: _____

6. Description of claim: _____

I/We hereby warrant that the information contained herein is true and that no material facts have been misstated or suppressed.

Signature: _____

Authorized signature of owner, partner or executive officer.

A facsimile signature shall have the same validity as an original subject to receipt of the original

Title: _____

Date of Signing: _____

GENERAL LIABILITY ONLY SUPPLEMENTAL APPLICATION

Complete all sections (as applicable) if you are interested in purchasing a General Liability Only policy - We also have Auto and Worker's Compensation coverage available with the purchase of a General Liability Only policy if you are interested.

If you are interested in Errors and Omissions and General Liability but do not want tools, computer, auto, or worker's compensation coverage, do not complete this form.

Please call Heather at 1-800-474-4472, ext. 212 with any questions concerning this form.

Please Print Clearly or Type - Attach to Our Premium Program Application

Business Name: _____

GENERAL LIABILITY INFORMATION

Building Information - All applicants must complete

Do you work out of your Home _____ or an Office _____? Age of the building in years: _____
Square footage occupied for business purposes: _____ sq ft.
Construction is Frame _____, Joisted Masonry _____, or Masonry _____
Year updated: Electrical _____, Plumbing _____, HVAC _____, and Roof _____

Inspector Information - All applicants must complete

Payroll for inspectors \$ _____ (Please attach a list with each inspector's name and payroll.)
(Subject to a \$15,600 minimum payroll per inspector.)

Tools Information - Complete only if desired

Describe: _____
Value \$ _____

Office Contents Coverage - Complete only if desired

Describe: _____
Value \$ _____

Current/Previous Insurance - All applicants must complete.

Errors and Omissions?
___ Yes ___ No - If YES, describe on #6 of primary application.
General Liability?
___ Yes ___ No - If YES, complete #6 on primary app and complete below
Insurance Carrier: _____ Expiration Date: _____
Policy Number: _____ Premium \$ _____
Any Prior Losses/Claims (in the last 3 years)? ___ Yes ___ No
Date of Loss/Claim: _____ Amount Paid \$ _____
Describe: _____

Choose Your Limits/Deductible

Available Limits:
___ \$300,000/\$600,000 ___ \$500,000/\$1,000,000 ___ \$1,000,000/\$2,000,000 ___ \$2,000,000/\$4,000,000
Available Deductibles: ___ \$250 ___ \$500 ___ \$750 ___ \$1,000