

Please Type or Print in Ink and Return With a Copy of Resume to:

**CRES Insurance Services-Allied Division**

**HOME INSPECTORS  
PROFESSIONAL LIABILITY INSURANCE APPLICATION  
THIS IS A CLAIMS-MADE AND REPORTED APPLICATION**

Attention: Allied Department Ph. (800) 880-2747 Fax (858) 618-1655 www.cresinsurance.com

Applicant Name (Show Complete Business Name):

E-mail:

Business Phone: ( )

Fax Number: ( )

Principal Business Address (No P.O. Boxes. Please list other locations on a separate sheet)

Web Site Address:

Street Address, Suite #:

City, State, ZIP:

Form of Business:

- Individual  Partnership  
 Professional Assn.  Corporation  
 Limited Liability Partnership/Corp.  
 Other

Month/Year Firm Established: \_\_\_\_\_

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

No. of Years Home Inspection Experience: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Policy Effective Date Requested: \_\_\_\_\_

Limits Desired:  \$250,000/\$250,000  \$250,000/\$500,000  500,000/\$500,000  \$500,000/\$1,000,000  
 \$1,000,000/\$1,000,000  \$2,000,000/\$2,000,000

Deductible Desired:  \$2,500  \$5,000  \$10,000  \$15,000

**\*\*PLEASE NOTE: THIS POLICY DOES NOT PROVIDE COVERAGE FOR CLAIMS PERTAINING TO MOLD\*\***

**DESCRIPTION OF BUSINESS**

1. Please indicate the Applicant's total annual revenues for the following:

2. Date of Establishment: \_\_\_\_\_

Current Year: \_\_\_\_\_

Last Year: \_\_\_\_\_

Next Year (projected): \_\_\_\_\_

3. Total number of home inspectors: \_\_\_\_\_

4. (a) Does your practice utilize the services of independent contractors?  Yes  No

(b) If yes, please indicate the total number of independent contractors: \_\_\_\_\_

(c) Do you require independent contractors to carry their own professional liability insurance?  Yes  No

5. Number of home inspections performed annually: \_\_\_\_\_

6. To which professional association(s) do you belong? \_\_\_\_\_

**AREA OF PRACTICE**

7. Please indicate the percentage of gross revenues derived from the following types of inspections. If this is a newly established business, please provide estimates.

	Last Year	Current Year
Single and two-family dwellings		
Multiple family (3-4) dwellings		
Multiple family dwellings with more than 4 units		
Commercial buildings		
<b>TOTALS MUST EQUAL 100%</b>		

8. Does the Applicant (or any member of the Applicant) provide any services outside the scope of home inspections?  Yes  No  
 If yes, please provide a detailed description of these services:  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Do you require that a pre-inspection agreement or contract is signed 100% of the time?  Yes  No  
 If no, please explain by attachment.
10. Does the Applicant's pre-inspection agreement or contract contain a Limit of Liability Provision?  Yes  No
11. In the past 5 years, has any current or past member of the Applicant served or is currently serving as a director, officer, partner or employee of any past or present CLIENT? **IF YES, COMPLETE OUTSIDE INTEREST SUPPLEMENTAL APPLICATION.**  Yes  No
12. Has any current or past member of Applicant had, or currently have, any equity interest in any past or present CLIENT? **IF YES, COMPLETE OUTSIDE INTEREST SUPPLEMENTAL APPLICATION.**  Yes  No
13. Is the Applicant owned or controlled by any other firm or individual?  Yes  No  
 If yes, please explain by attachment.

**CLAIMS AND DISCIPLINARY ACTION**

14. Has any current or past member of the Applicant:
- (a) Had his/her license revoked?  Yes  No
  - (b) Been subject to disciplinary action by any state licensing board, court, regulatory authority or professional association?  Yes  No
  - (c) Been subject to any fine, reprimand or criminal penalty related to performance of home inspection services?  Yes  No
  - (d) Had their professional liability insurance denied, cancelled or non-renewed (other than due to loss of market)?  Yes  No
- If "yes" to any of the above, please explain below, including the date and outcome.  
 \_\_\_\_\_  
 \_\_\_\_\_
15. (a) Have any claims or suits been brought against any member of the Applicant, a predecessor of the Applicant or any current or past partner, officer, owner or employee thereof during the past 5 years?  Yes  No
- (b) Having inquired of all partners, officers, owners and employees, are there any circumstances which may result in a claim being made against the Applicant, its predecessors or any current or past partner, officer, owner or employee of the Applicant?  Yes  No
- If "yes" to 14.a or b., please complete the attached **Supplemental Claim Form** for each claim or circumstances which could give rise to a claim.

**PRIOR INSURANCE**

16. (a) Please list the following information regarding home inspectors professional liability insurance carried by you, your firm or previous firms during the past FIVE (5) years.

Inception (Mo./Day/Yr.)	Expiration (Mo./Day/Yr.)	Insurance Company	Premium	Limits	Deductible

- (b) Has any member of the Applicant purchased an endorsement to extend the claims reporting period? (extended reporting period endorsement)  Yes  No

If "yes", complete the following:

Member(s) who purchased endorsement: \_\_\_\_\_

Effective Date of endorsement(s): \_\_\_\_\_ Length of reporting period: \_\_\_\_\_ months

- (c) Does your current policy, or any individual member of the Applicant, have a retroactive date?  Yes  No  
(Please provide a copy to ensure proper rating.)

Name of member \_\_\_\_\_ Mo./Day/Yr. \_\_\_\_\_  
Effective Date of Exclusion \_\_\_\_\_

Attach a separate sheet, if necessary.

- (d) Does your current policy, or any individual member of the Applicant have any restrictive endorsements?  Yes  No

If "yes," please provide a copy of any restrictive endorsements.

17. **\*\*Optional Coverages or Endorsements (check if coverage is desired):**

- (a) Termite Inspection (IF THIS COVERAGE IS DESIRED, PLEASE COMPLETE 'TERMITE TESTING' SECTION OF THE OPTIONAL COVERAGES SUPPLEMENTAL APPLICATION):
- (b) Radon Gas Inspection (IF THIS COVERAGE IS DESIRED, PLEASE COMPLETE THE 'RADON TESTING' SECTION OF THE OPTIONAL COVERAGES SUPPLEMENTAL APPLICATION):
- (c) Bodily Injury and Property Damage Liability Coverage:
- (d) Commercial Building Inspections (IF THIS COVERAGE IS DESIRED, PLEASE COMPLETE 'COMMERCIAL INSPECTIONS' SECTION OF THE OPTIONAL COVERAGES SUPPLEMENTAL APPLICATION):
- (e) Lead Paint Inspections (IF THIS COVERAGE IS DESIRED, PLEASE COMPLETE 'LEAD PAINT INSPECTIONS' SECTION OF THE OPTIONAL COVERAGES SUPPLEMENTAL APPLICATION):
- (f) Septic/On-Site Sewage Systems Inspections (IF THIS COVERAGE IS DESIRED, PLEASE COMPLETE 'SEPTIC/ON-SITE SEWAGE SYSTEM INSPECTIONS' SECTION OF THE OPTIONAL COVERAGES SUPPLEMENTAL APPLICATION):

**\*\*Please note that optional coverages are subject to additional premiums and specific sub-limits of liability. Please see Optional Coverages Supplemental Application for details\*\***

**Notice to Applicant – Please Read Carefully**

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

All written statements and materials furnished to the insurance company to 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 will be 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 of agreement to bind the insurance.

**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.**

Applicant hereby authorizes the release of claim information from any prior insurer to the Company indicated above.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**NOTICE:**

Failure to report:

1. any claim made against you during your current policy term, or
2. any facts, circumstances or events which may give rise to a claim to your current insurance company **BEFORE** policy expiration may create a lack of coverage.

\_\_\_\_\_  
Applicant Signature **(Must be signed and dated in ink by an Owner, Partner or Officer)**

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (Mo.-Day-Yr.)