



BIM

1818 Westlake Ave. N. Ste. #320
Seattle, WA 98109

1-800-606-2003

Fax 206-378-1136

HOME INSPECTION PROFESSIONAL LIABILITY APPLICATION

1. CONTACT INFORMATION

Name Of Applicant: _____
Street Address: _____
City, State, Zip: _____
Telephone Number: _____ Fax Number: _____

2. YEAR ESTABLISHED: _____ (IF LESS THAN 3 YEARS ATTACH RESUME)

3. STAFF (INDICATE NUMBERS)

Full Time _____
Part Time _____ # Years Experience _____
Principals/Partners/Officers _____
Inspectors _____
Other Employees (clerical) _____

4. PLEASE COMPLETE THE FOLLOWING:

	Current Year	Next Year
Number of Inspections	_____	_____
Inspection Fee per Inspection	_____	_____
Gross Annual Revenue	_____	_____

5. TYPE OF INSPECTION:

Structural	_____ %	Mechanical	_____ %
Pest	_____ %	Mold	_____ %
Safety	_____ %	Construction	_____ %
Septic/On-Site Sewage	_____ %	Other - Describe	_____ %
Total (should equal 100%)	_____ %		_____ %

Residential	_____ %
Commercial/Industrial	_____ %
New Construction	_____ %
Total (should equal 100%)	_____ %

7. SOURCE OF BUSINESS:

Individual Seller	_____ %
Prospective Buyer	_____ %
Real Estate/Relocation Company	_____ %
Finance Company/Mortgage Broker	_____ %
Total (should equal 100%)	_____ %

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

9. 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 ___

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

11. What percentage of your work is subcontracted? _____ %
 Do you require subcontractors to carry their own Professional Liability Insurance? Yes ___ No ___
 If yes, do you obtain a certificate of insurance? Yes ___ No ___

12a. What type of inspection report do you use? Narrative Checklist Verbal
 12b. What inspection standards are used? Please circle
 ASHI NAHI NACHI FABI GAHI CREIA
 Other - Describe _____

12c. Do you currently use a pre-inspection agreement when performing a home inspection? (Attach Agreement) Yes ___ No ___

12d. Are the agreements signed in advance by your customer? Yes ___ No ___

12e. Do you offer any warranties or guarantees? Yes ___ No ___
 If yes, provide an explanation: _____

13. Are you a member with any of the professional home inspections organizations? If yes, please circle Yes ___ No ___
 ASHI NAHI NACHI FABI GAHI CREIA
 Other - Describe _____

14. PREVIOUS COVERAGE:

Professional Liability

Policy Period _____ Carrier _____ Limits _____

Deductible _____ Premium _____

Is coverage written on a claims made policy form? Yes ___ No ___

If yes, please provide the retroactive date: _____

15. GENERAL LIABILITY

Policy Period _____ Carrier _____ Limits _____

Deductible _____ Premium _____

Is coverage written on a claims made policy form? Yes ___ No ___

If yes, please provide the retroactive date: _____

16. LIMITS OF PROFESSIONAL LIABILITY LIMITS REQUESTED: Please circle

	\$100,000	\$300,000	\$500,000	\$1,000,000
Deductible Requested:	\$5,000	\$10,000	\$25,000	Other _____

17. Have any claims been made against your firm or anyone indicated in question 7? Yes ___ No ___
 If yes, please complete the attached claim supplement form.

18. Are you aware of any act, error, omission or other circumstances which might reasonably be expected to be the basis of a claim or suit against you or anyone indicated in question #3? Yes ___ No ___
 If yes, please complete the attached claim supplement form.

19. During the past five (5) years has any insurance company declined, cancelled or refused to renew coverage for the applicant or anyone named in question #3. Yes _____ No _____
if yes, provide an explanation _____

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and Mid-Centennial General Agency, Inc. any documents, records or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

INSURED SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: _____

