InspectorPro INSURANCE PROGRAM

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InspectorPRO Insurance Program Application Instructions

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in yes or no answer boxes, if any. This application must be completed, signed, and dated by an authorized officer of your firm. The company will rely on all statements made in this application.

APPLICANT INFORMATION

Applicant's Business Name

D/B/A Name _____

Contact Name

Business Address

City State Zip Code

Phone Fax_____E-mail

Year Business Started? ___ How Many consecutive years of inspection experience do you have? _____

(Please attach a copy of your current resume)

OPERATIONS	YES	NO
Do you manage/employ other inspectors in your company who need coverage? **If yes, how many:**		
If you answered yes to the above question - is each inspector appropriately certified and trained to perform inspections?		
Do you comply with all of the regulations regarding inspections, for the states in which you work?		
Do you require an inspection agreement/contract to be signed in advance by the client 100%of the time? **If no, please explain:**		
Has your inspection agreement/contract been Reviewed by legal counsel?		
Has your inspection agreement/contract been provided to you by a professional association or franchise? **If yes, which one?**		
If NO to both agreement/contract questions, please provide the source/origin of your Agreement:		
Does the applicant (business listed above) provide repair/remodeling services to inspection clients?		
What percentage of your work includes the subcontracting of work to others?	%	
Which professional association or group are you affiliated with?		
Estimated gross annual revenue for the next 12 months?	$	
Gross annual revenue for the current year?	$	
Estimated number of inspections done annually?		
Do you take pictures during your inspections? __x Always ____ Sometimes ____ Never		
What type of reports do you use? (check all that apply) __x Narrative ___ Verbal ___Checklist __x Computer Program		
Do you use the same reporting format for each client? ___x Yes ____ NO		
Type of structure you inspect? _% Residential ____% Commercial		
Type of Client? _% Individual Purchaser ____% Mortgage Lender ___% Other		

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OPERATIONS – Continued	YES	NO
Have any claims or suits been made against you pertaining to your inspection work in the past 5 years, or do you know of any circumstance that may lead to a claim? **If yes, please provide dates, amounts and detailed descriptions of all claims and you must include a loss run.**		
Do you currently have Professional Liability/E&O? **(If yes, please provide the following information in addition a copy of your expiring declarations page)**		
Current Carrier:		
Current Liability Limit:		
Current Deductible:		
Current Premium:		
What is your anticipated coverage effective date: (MM/DD/YYYY)		
Retroactive/Prior Acts Date: (MM/DD/YYYY) ***(this can be found on your current policy and is necessary to provide you with an accurate quote)***		
Do you currently have General Liability?		

Limits of Liability Requested			
	$1,000,000/$2,000,000		$300,000/$300,000
	$1,000,000/$1,000,000		$100,000/$100,000
	$500,000/$500,000		
Deductible Requested			
	$1,500		$5,000
	$2,500		
Please select any additional coverage enhancement you need			
	Mold **(Please attach mold certification)**		Code
	Pool & Spa		Wind Mitigation
	Pest		Mortgage Field Services (supplemental application required)
	Lead		Waste Disposal & Water Testing
	Carbon Monoxide		WA or OR State Bond
	Radon		None
Crime/Fidelity Limit Requested			
	$5,000		$25,000
	$10,000		None
	$15,000		

Please include a copy of the following:

Inspection Agreement

Current Resume of Related Experience

Copy of your expiring Declarations Page

Mold Certification (If certified and requesting coverage)

PROPERTY COVERAGE SECTION

COMPLETE THIS SECTION FOR A QUOTE ON YOUR BUSINESS TOOLS & EQUIPMENT

- Limit – Up To $10,000
- Premium - $200
- Deductible - $250

Total value of all your Tools & Equipment	**$**

Of the total value, please list any item valued over $500

Description of Item (Make, Model, Serial Number)	Value
(Example – infrared camera)	*$1,800*
	$
	$
	$

ADDITIONAL COMMENT OR INFORMATION

PLEASE USE THIS SECTION TO PROVIDE ANY ADDITIONAL INFORMATION ON ANY OF THE ABOVE QUESTIONS

FRAUD WARNING

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant (Print Name):	
Title:	
Applicant's Signature:	
Date:	