

***HOME INSPECTOR  
PROFESSIONAL LIABILITY/ERRORS & OMISSIONS (E&O) APPLICATION***

**PLEASE BE AWARE THAT ALL QUESTIONS MUST BE ANSWERED, TO THE BEST OF YOUR KNOWLEDGE, IN ORDER FOR US TO PROVIDE YOU WITH A QUOTE.**

1. Name of Inspector(s) (Company Name if applicable): \_\_\_\_\_  
    \_\_\_ Individual      \_\_\_ Corporation      \_\_\_ LLC      \_\_\_ Other: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_
2. Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. How many years experience do you have in home inspections and/or in a related profession? \_\_\_\_\_  
What year did you start your home inspection business? \_\_\_\_\_
4. 

<u>Limits of Liability Requested</u>		<u>Deductible Requested</u>	
___ \$100,000/\$100,000	___ \$500,000/\$500,000	___ \$1,000	___ \$5,000
___ \$250,000/\$250,000	___ \$1,000,000/\$1,000,000	___ \$2,500	___ Other \$ _____
5. What percentage of your work involves the subcontracting of work to others? \_\_\_\_\_%
6. Gross Annual Revenue: Last 12 months: \$ \_\_\_\_\_ Next 12 months: \$ \_\_\_\_\_  
Estimated number of inspections done annually: \_\_\_\_\_ Average Fee: \$ \_\_\_\_\_  
What was the largest fee for an individual inspection job ever done? \$ \_\_\_\_\_  
What type of inspection was it? \_\_\_\_\_
7. Do you take pictures during your inspection? \_\_\_ Yes \_\_\_ No  
Do you take pictures 100% of the time? \_\_\_ Yes \_\_\_ No  
Do you take pictures of everything inspected or just the problem areas? \_\_\_ Everything \_\_\_ Problem Areas Only  
What type of reports do you use? [check ALL that apply]  
    \_\_\_ Narrative      \_\_\_ Checklist      \_\_\_ Verbal      \_\_\_ Computer Program  
What inspection standards are used? \_\_\_\_\_  
Which, if any, professional home inspection organizations are you affiliated with? \_\_\_\_\_  
Explain if you are engaged in any other business or employed by any other business or organization? \_\_\_\_\_  
\_\_\_\_\_
8. Type of building: \_\_\_\_\_ % Residential  
                          \_\_\_\_\_ % Commercial  
Type of client: \_\_\_\_\_ % Individual purchaser  
                          \_\_\_\_\_ % Mortgage lenders  
                          \_\_\_\_\_ % Other: \_\_\_\_\_

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9. Type of Inspection (check all that apply):

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Structural      | <input type="checkbox"/> Construction | <input type="checkbox"/> Pools/Spas      | <input type="checkbox"/> Wood Destroying Insects/Pest |
| <input type="checkbox"/> Mechanical      | <input type="checkbox"/> Mold         | <input type="checkbox"/> Wind Mitigation | <input type="checkbox"/> Septic/On-site Sewage        |
| <input type="checkbox"/> Carbon Monoxide | <input type="checkbox"/> Radon        | <input type="checkbox"/> Lead            | <input type="checkbox"/> Other _____                  |

10. Do you currently use an inspection agreement/contract when performing a home inspection? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, is the inspection agreement signed in advance by your customer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do all inspectors working for your company attend continuing education classes? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Are you a builder, contractor or repair/remodeling contractor? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, do you provide any of these services to the same properties that you inspect? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. Have any claims (including violation of fair housing laws) been made against your firm or anyone indicated in question 1?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
13. 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 1?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
14. Do you currently have Professional Liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list your current terms below.

Carrier: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Premium: \$ \_\_\_\_\_ Policy Period: \_\_\_\_\_

Retroactive/Prior Acts Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(this date can be found on your current policy's declarations page – this date is necessary in order to provide you with an accurate quote.)*

**I/We hereby declare that the above statements and declarations are true and that I/We have not suppressed or misstated any material facts. I/We agree that any misrepresentation or misstatement of material facts may void coverage under this insurance. I/We agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application does not bind the company to provide coverage or the applicant to purchase the insurance.**

APPLICANT'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE FAX TO 972-235-3556 or E-MAIL TO BRUNKER@RISKPRO.US

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