



# HOME / PROPERTY INSPECTION PROFESSIONAL LIABILITY APPLICATION

Instructions: Answer all questions; applicant's name must include the names of all businesses and locations for which coverage is desired; attach a separate sheet if necessary. If an answer is none, state none. If the answer is not applicable, state (N/A). If the space provided is insufficient to fully answer the question, please attach a separate sheet.

Please type or print in ink.

## PART I. GENERAL INFORMATION

- Applicant Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: Office: \_\_\_\_\_ Fax: \_\_\_\_\_
- YEAR ESTABLISHED: \_\_\_\_\_ (IF LESS THAN 3 YEARS ATTACH RESUME)
- STAFF (INDICATE NUMBERS)  
Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Principals/Partners/Officers \_\_\_\_\_ # Years Experience \_\_\_\_\_

## PART II. EXPOSURES

- PLEASE COMPLETE THE FOLLOWING:

	Current Year Year	Next Year
Number of Inspections	_____	_____
Inspection Fee per Inspection	_____	_____
Gross Annual Revenue	_____	_____
- TYPE OF INSPECTIONS:

Structural	_____ %	Mechanical	_____ %
Pest	_____ %	Mold	_____ %
Safety	_____ %	Construction	_____ %
Septic/On-Site Sewage	_____ %	Other	_____ %
<b>TOTAL SHOULD EQUAL 100%</b>			
- |                                |         |
|--------------------------------|---------|
| Residential                    | _____ % |
| Commercial/Industrial          | _____ % |
| New Construction               | _____ % |
| <b>TOTAL SHOULD EQUAL 100%</b> |         |

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4. SOURCE OF BUSINESS

- Individual Seller \_\_\_\_\_%
- Prospective Buyer \_\_\_\_\_%
- Real Estate / Relocation Company \_\_\_\_\_%
- Finance Company / Mortgage Broker \_\_\_\_\_%

TOTAL SHOULD EQUAL 100%

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

6. Are you a licensed real estate agent? Yes\_\_\_ No\_\_\_  
 If yes, do you inspect home which you have listed as a real estate agent? Yes\_\_\_ No\_\_\_

7. Are you a builder, contractor or repair/remodeling contractor? Yes\_\_\_ No\_\_\_  
 If yes, do you provide any of these services on the same properties you inspect? Yes\_\_\_ No\_\_\_

8. What percentage of your work is subcontracted? \_\_\_\_\_%  
 Do you require subcontractors to carry their own E&O Liability Insurance? Yes\_\_\_ No\_\_\_  
 If yes, do you obtain a certificate of insurance? Yes\_\_\_ No\_\_\_

9a. What type of inspection report do you use? Narrative Checklist Verbal

9b. What inspection standards are used? (please circle)  
 ASHI NAHI NACHI FABI GAHI CREIA

Other – Describe \_\_\_\_\_

9c. Do you currently use a pre-inspection agreement when performing a home inspection? Yes\_\_\_ No\_\_\_  
 (attach a copy of agreement)

10. Are the agreements signed in advance by your customer? Yes\_\_\_ No\_\_\_

11. 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 inspection organizations? Yes\_\_\_ No\_\_\_  
 (If yes, please circle) ASHI NAHI NACHI FABI GAHICREIA

Other – Describe \_\_\_\_\_

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**PART IV. HISTORY**

1. Requested Limits of Liability: (please circle)

\$100,000      \$300,000      \$500,000      \$1,000,000      Other\_\_\_\_\_

Deductible requested      \$2,500      \$5,000      \$10,000      Other\_\_\_\_\_

2. List prior **professional liability** insurers for the past five years, starting with the most recent year. If none, state none.

Insurer	Policy number	Limit of liability	Premium	Effective Dates	Claims-made (Y/N)

What is the most recent retroactive date? \_\_\_\_\_

3. List prior **general liability** insurers for the past five years, starting with the most recent year. If none, state none.

Insurer	Policy number	Limit of liability	Premium	Effective Dates	Claims-made (Y/N)

What is the most recent retroactive date? \_\_\_\_\_

4. 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: \_\_\_\_\_

5. Are you aware of any act, error or 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 a claims supplement form.

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- 6. Have any claims been made against you, your firm or anyone indicated in question #3? Yes\_\_\_ No\_\_\_  
 If yes, please complete a claims supplement form.
- 7. IT IS AGREED WITH RESPECT TO QUESTIONS #5 AND #6 ABOVE, THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS ANY CLAIM OR ACTION ARISING THERE FROM IS EXCLUDED FROM THIS PROPOSED COVERAGE.

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 JaVA Underwriting, LLC, 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 applicant has not withheld information which is calculated to influence the judgment of the insurance company in considering this application.

**Important: This application must be dated and signed by the applicant owner, partner, officer or administrator. Signing this form does NOT bind the company to complete the insurance.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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