



Log Cabins ..... %  
 Mobile Homes ..... %  
 Farms & Ranches..... %  
 Other ..... %

8. **Indicate the percentage of revenue sources (should equal 100%):**

Individual Seller ..... %  
 Finance Company ..... %  
 Individual Buyer ..... %  
 Mortgage Company ..... %  
 Real Estate Company ..... %  
 Insurance Company ..... %  
 Relocation Company ..... %  
 Construction Company ..... %  
 Other (indicate) ..... %

9. Are you an exclusive home inspector for any one realtor or real estate company? ..... Yes No  
 If yes, please explain:

10. Do you inspect homes that are under construction? ..... Yes No  
 If yes, please explain:

11. Does any single client represent more than 25% of annual revenue? ..... Yes No  
 If yes, please explain:

12. Are you a licensed real estate agent? ..... Yes No  
 If yes, do you or the real estate company you represent carry separate Real Estate Errors & Omissions Insurance? ..... Yes No

13. Does the applicant or any business partner, officer, owner, director, franchise company or employee operate as a builder, contractor, remodeling company, or sell materials or furnish any type of product or service, other than inspection services to a home or business? ..... Yes No  
 If yes, please explain:

14. Do you offer any warranties/guarantees (verbal or written)? ..... Yes No

15. Are clients given a written disclosure that inspections are not exhaustive or required to report any concealed conditions or latent defects? ..... Yes No

16. Do you take digital photos of key areas of the home during the inspection and include those photos in your formal report? ..... Yes No

**PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:**

- Resumes of key personnel providing services
- Copy of Pre-Inspection agreement
- Five Year currently valued Loss runs
- Completed Claim supplement (if prior claims)
- Sample copy of an Inspection Report

## NOTICE TO APPLICANT – PLEASE CAREFULLY READ THE FOLLOWING

### PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

### FRAUD STATEMENT – FOR THE STATE(S) OF:

#### **Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

#### **Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

#### **Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

#### **California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### **Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

#### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

#### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

#### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### **Kentucky**

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

#### **Maine, Tennessee, Virginia, Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

#### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

#### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

#### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

#### **New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### **New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

#### **New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

#### **Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

#### **Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION CLAIMS MADE AND REPORTED FORM

ALL QUESTIONS MUST BE ANSWERED IN FULL. APPLICATION MUST BE SIGNED AND DATED BY THE PRINCIPAL, OFFICER OR PARTNER

Applicant's Name: \_\_\_\_\_ Agent: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Applicant's Phone Number: \_\_\_\_\_

\_\_\_\_\_ Web Address: \_\_\_\_\_

\_\_\_\_\_ Inspection Contact: \_\_\_\_\_

Proposed Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_ Phone Number for Inspection Contact: \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Location #3: \_\_\_\_\_

### Provide Full Details To All 'Yes' Responses on The Notes Page Of This Application Or On A Separate Sheet

Identify Entries By Question Number And Coverage For Each Section

1. Is the Applicant controlled, owned by, affiliated or associated with any other firm, corporation, or company?  Yes  No  
**If Yes**, please provide full details including name(s) and relationship.
2. Does the Applicant have any subsidiaries?.....  Yes  No  
**If Yes**, please provide full details including name(s) and services provided.
3. Is coverage desired for subsidiaries? .....  Yes  No
4. During the past five (5) years has:
  - a. The name of the firm been changed? .....  Yes  No
  - b. The Applicant acquired any other business(es)? .....  Yes  No
  - c. The Applicant merged into or consolidated with another Firm? .....  Yes  No
5. Please provide a full description of the Applicant's professional services for which coverage is desired:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Is the Applicant engaged in any business, or providing professional services not described above? .....  Yes  No  
**If Yes**, please provide full details and estimated revenues

7. Dates of the Applicant's Fiscal Period: ..... From: \_\_\_\_\_ To: \_\_\_\_\_

8. Total Gross Annual Revenue:

	First Year Prior	Current Year	Projected Next Year
\$	\$	\$	\$
_____	_____	_____	_____

9. Does the applicants gross revenues include income derived from operations outside of United States, its territories or possessions? .....  Yes  No  
**If Yes**, provide the name and the percentage of the applicants total gross revenue for each country

10. Please describe the Applicant's three (3) largest jobs or projects during the past three (3) years:

Client Name	Services Rendered	Revenue
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

11. Please describe the Applicant's jobs or projects contemplated during the current year:

Client Name	Services Rendered	Revenue
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. Does the Applicant provide services for any client(s) in which a principal, partner, director, officer, employee or independent contractor of the Applicant's firm serves as an officer or on the Board of Directors or owns any financial or equity interest? .....  Yes  No  
**If Yes**, please include full details including client name, relationship, and revenues generated.

13. Number of principals, partners, officers, and professional employees directly engaged in providing services to clients. .... \_\_\_\_\_

14. Number of independent contractors directly engaged in providing services to clients: ..... \_\_\_\_\_

15. Does the Applicant wish to provide coverage for independent contractors working on the their behalf? .....  Yes  No  
**If Yes**, then please complete the following:

a. What percentage of the Applicants annual revenues are derived from services provided by independent contractors? ..... \_\_\_\_\_ %

b. Do the independent contractors work exclusively for the Applicant? .....  Yes  No

c. Do the independent contractors provide any services not described in Question five (5) above? .....  Yes  No  
**If Yes**, please describe service(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

d. Are independent contractors permitted to work without their own error and omissions insurance? .....  Yes  No

16. Please provide the following information:

Name of Principal Partner(s) Key Employees & Independent Contractors	Professional Designation(s)	Years Experience	Years with company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Has any prospective insured ever been the subject of any disciplinary action or investigation by any regulating body related to their profession? .....  Yes  No

18. Does the Applicant use a written contract or letter of engagement with each client? .....  Yes  No  
**If No**, please provide the percentage of annual revenues where a written contract is secured: ..... \_\_\_\_\_ %

19. Does the Applicant's contract or engagement letter contain any of the following items? Please check all that apply:

- Hold harmless agreement or indemnification clauses in the Applicants favor
- Hold harmless agreement or indemnification clauses in the client's favor
- A specific description of the services the Applicant will provide
- Guarantees or warranties with respect to results
- Payment terms

20. Has any policy or application for similar insurance made on the Applicant's behalf ever been declined, cancelled or nonrenewed? .....  Yes  No  
**If Yes**, please provide details.

21. Please provide information pertaining to Miscellaneous Professional Liability coverage for the past three (3) years.  
 Check the box if no prior Miscellaneous Professional Liability coverage carried: .....

	Current	1 <sup>st</sup> Year Prior	2 <sup>nd</sup> Year Prior
Name of Company:	_____	_____	_____
Policy Period:	_____	_____	_____
Limit of Liability:	_____	_____	_____
Deductible:	_____	_____	_____
Premium:	_____	_____	_____

Retroactive Date of the expiring policy: ..... \_\_\_\_\_

22. Have any claims, suits, or demands for arbitration been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employees within the past five (5) years? .....  Yes  No  
**If Yes**, please complete a Claims supplemental application for each incident.

23. After inquiry of all principals, partners, officers, employees or independent contractors, is the Applicant aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance? .....  Yes  No  
**If Yes**, please complete a Claim Supplemental application for each incident.

24. Please indicate the number of Claim Supplemental Applications attached to this application: ..... \_\_\_\_\_

**NOTES:**

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## IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

For the purposes of this application, the undersigned authorized agent of all person(s) and Entity(ies) proposed for this insurance declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The Company is authorized to make any inquiry in connection with this application. Accepting this application does not bind the Company to issue a policy.

The information contained in and submitted with this application is on file with the company and is considered physically attached to this application. This application and such information will become part of, and be considered physically attached to, any policy issued as a result of this application. If, as a result of this application, a policy is issued, the Company will have relied upon this application and on such attachments.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify the Company, and the Company may modify or withdraw any quotation.

The undersigned declares that the person(s) and entity(ies) proposed for this insurance Understand that:

- (A) The policy for which application is made will apply only to claims first made or deemed made during the period in which the policy is in effect; and
- (B) The Limits Of Liability contained in the policy will be reduced, and may be completely exhausted, by the payment of defense expenses and, in such event, the Company will not be responsible for the continued defense of any claim or be liable for the defense expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable Limit Of Liability; and
- (C) Defense expenses will be applied against any applicable deductible.

### FRAUD STATEMENT FOR THE STATE(S) OF:

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date