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

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) (Compan<br>Individual                                                                                                       | Corporation                                | LLC                     | Other:                                                         |                       |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------|----------------------------------------------------------------|-----------------------|--|--|--|
|    | Street:<br>City:                                                                                                                                 |                                            |                         |                                                                |                       |  |  |  |
|    | Telephone:                                                                                                                                       |                                            | State                   | ZII                                                            |                       |  |  |  |
|    | Email:                                                                                                                                           |                                            |                         |                                                                |                       |  |  |  |
| 2. | Requested Effective Date:                                                                                                                        |                                            |                         | : Just E&O Just                                                | GL Both E&O/GL        |  |  |  |
| 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. | Limits of Liability Requested\$100,000/\$100,000\$250,000/\$250,000                                                                              | Other:<br>\$500,000/\$50<br>\$1,000,000/\$ | 0,000                   | <u>statible Requested</u><br>\$1,000\$5,00<br>\$2,500 Other \$ | 0                     |  |  |  |
| 5. | Total number of: Employed                                                                                                                        | Home Inspectors:                           | _FTPT / In              | dependent Contractors:                                         | FT PT                 |  |  |  |
|    | If you use independent contra company's policy? Yes                                                                                              | •                                          | their own E&O insura    | nce would you like them to                                     | be covered under your |  |  |  |
| 6. | Gross Annual Revenue: Last 1                                                                                                                     | 2 months: \$                               | Next 12                 | months: \$                                                     | _                     |  |  |  |
|    | Estimated number of inspection                                                                                                                   | ns done annually:                          | Avera                   | age Fee: \$                                                    |                       |  |  |  |
|    | What was the largest fee for an                                                                                                                  |                                            |                         |                                                                |                       |  |  |  |
|    | What type of inspection was it?                                                                                                                  |                                            |                         |                                                                |                       |  |  |  |
| 7. | Do you take pictures during yo Do you take pictures 100% of t                                                                                    |                                            |                         |                                                                |                       |  |  |  |
|    | Do you take pictures of everyth                                                                                                                  | ning inspected or just t                   | he problem areas?       | _ Everything Proble                                            | m Areas Only N/A      |  |  |  |
|    | What type of reports do you use                                                                                                                  | e? [check ALL that ap                      | ply]                    |                                                                |                       |  |  |  |
|    | Narrative                                                                                                                                        | Checklist                                  | Verbal Comp             | outer Program - Name of So                                     | oftware:              |  |  |  |
|    | What inspection standards are u                                                                                                                  | ised?                                      |                         |                                                                |                       |  |  |  |
|    | Which, if any, professional home inspection organizations are you affiliated with?                                                               |                                            |                         |                                                                |                       |  |  |  |
|    | Explain if you are engaged in a                                                                                                                  | any other business or e                    | employed by any other b | ousiness or organization?                                      |                       |  |  |  |
| 8. | Type of building:%                                                                                                                               | Residential                                |                         |                                                                |                       |  |  |  |
|    |                                                                                                                                                  | Commercial                                 |                         |                                                                |                       |  |  |  |
|    | Type of client:% l                                                                                                                               | Individual purchaser                       |                         |                                                                |                       |  |  |  |
|    | %                                                                                                                                                | Mortgage lenders                           |                         |                                                                |                       |  |  |  |
|    | %                                                                                                                                                | Other:                                     |                         |                                                                |                       |  |  |  |

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| 9.                  | Type of Inspection (check all that apply):                                                                                                                    |                                                                           |                                                                        |                                                              |                              |                        |      |  |  |  |  |  |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------|------------------------|------|--|--|--|--|--|
|                     | ☐ Structural ☐ Mechanical ☐ Carbon Monoxide                                                                                                                   | □ Code<br>□ Mold<br>□ Radon                                               | ☐ Pools/Spas ☐ Wind Mitigation ☐ Lead                                  | ☐ Wood Destroying Insects/Pest ☐ Septic/On-site Sewage Other |                              |                        |      |  |  |  |  |  |
| 4.0                 | □ EIFS/Stucco                                                                                                                                                 | ☐ Infrared Camera                                                         | ☐ Rodents                                                              |                                                              |                              |                        |      |  |  |  |  |  |
| 10.                 | Drone Insurance? Make:                                                                                                                                        | Model:                                                                    | Value:                                                                 |                                                              | Yes                          | No                     |      |  |  |  |  |  |
|                     | Are you licensed?                                                                                                                                             |                                                                           |                                                                        |                                                              | Yes                          | No                     |      |  |  |  |  |  |
| 11.                 | Do you currently use an inspe                                                                                                                                 | Yes                                                                       | No                                                                     |                                                              |                              |                        |      |  |  |  |  |  |
|                     |                                                                                                                                                               |                                                                           |                                                                        |                                                              |                              | No                     | N/A  |  |  |  |  |  |
| 12.                 | Do all inspectors working for                                                                                                                                 | Yes _                                                                     | No                                                                     |                                                              |                              |                        |      |  |  |  |  |  |
| 13.                 | Are you a builder, contractor or repair/remodeling contractor?                                                                                                |                                                                           |                                                                        |                                                              |                              | No                     |      |  |  |  |  |  |
|                     | If yes, do you provide any of                                                                                                                                 | Yes                                                                       |                                                                        | N/A                                                          |                              |                        |      |  |  |  |  |  |
| 14.                 | Within the past five (5) years, have any claims (including violation of fair housing laws) been made against your firm or any indicated in question 1? Yes No |                                                                           |                                                                        |                                                              |                              |                        |      |  |  |  |  |  |
| 15.                 | Are you aware of any act, enclaim or suit against you or an YesNo                                                                                             |                                                                           |                                                                        | night reasonably be exp                                      | ected to be th               | e basis of             | fa   |  |  |  |  |  |
| 16.                 | Do you currently have Profe                                                                                                                                   | ssional Liability insura                                                  | ance?Yes                                                               | No If yes, please list                                       | t your current               | terms bel              | ow.  |  |  |  |  |  |
|                     | Carrier:                                                                                                                                                      |                                                                           |                                                                        |                                                              |                              |                        |      |  |  |  |  |  |
|                     | Limits of Liability: Deductible: \$                                                                                                                           |                                                                           |                                                                        |                                                              | _                            |                        |      |  |  |  |  |  |
|                     | Premium: \$                                                                                                                                                   |                                                                           | Policy Period:                                                         |                                                              | _                            |                        |      |  |  |  |  |  |
|                     | Retroactive/Prior Acts Date:                                                                                                                                  |                                                                           |                                                                        |                                                              |                              |                        |      |  |  |  |  |  |
| НО                  | W DID YOU HEAR ABOUT U                                                                                                                                        | JS? □Search Engin                                                         | ne □Referred □G                                                        | oogle Adwords □Di                                            | rect Mail [                  | Other                  |      |  |  |  |  |  |
| mat<br>insu<br>will | e hereby declare that the aboverial facts. I/We agree that arrance. I/We agree that this apbe provided on a claims made pany to provide coverage or the       | any misrepresentatio<br>plication shall be the<br>basis. It is understood | n or misstatement of<br>basis of the contract<br>d and agreed that com | material facts may with the company and                      | void coverag<br>that coverag | e under<br>ge, if writ | this |  |  |  |  |  |
|                     | APPLICANT'S SIGNATUR                                                                                                                                          | Ε                                                                         |                                                                        | TITLE                                                        |                              |                        |      |  |  |  |  |  |
|                     | PRINT NAME                                                                                                                                                    |                                                                           |                                                                        | DATE                                                         |                              |                        |      |  |  |  |  |  |

RISKPRO INSURANCE AGENCY, LLC

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