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Home Inspector Professional Liability questionnaire

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

NOTICE: THIS IS A CLAIMS MADE POLICY. EXCEPT TO THE EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY ONLY FOR THOSE CLAIMS THAT ARE FIRST MADE AGAINST YOU AND REPORTED IN WRITING TO US DURING THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

General Applicant Information

RENEWAL OF: _____ NEW BUSINESS

1. Name of Applicant: _____ dba: _____

2. Mailing Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Desired Effective Date _____ / _____ / _____
MM DD YR

5. Contact Name: _____

6. Phone Number: _____ email address _____

7. Applicant is: Corporation Partnership Individual LLC Other _____

Operations

8. **Description of Operations:**

9. Number of Inspectors: _____

10. Projected Annual Revenues: \$ _____

11. Total Revenue from Commercial Inspections \$ _____

12. Year Established _____

13. Does the Applicant have Professional Liability Coverage? Yes No
If yes, does the Applicant have Full Prior Acts Yes No
If no, please indicate the retroactive date _____ / _____ / _____
MM DD YR

14. Is the Applicant a member of the National Association of Certified Home Inspectors (NACHI) # _____
A member of the American Society of Home Inspectors (ASHI)? # _____ Yes No

15. Does the Applicant participate in a formal Risk Management or Continuing Education Program or maintains membership to another Professional Association offering risk management services? Yes No
Please indicate which Association the Applicant belongs _____

16. Is a Pre-Inspection Agreement/Contract signed 100% of the time? Yes No

17. In the past five years, has any professional liability claim or suit been made against the applicant or predecessor firms? Yes No
 If yes, has more than \$5,000 been paid in defense/indemnity? Yes No
 If yes, please provide claim/suit information:

REQUESTED LIMITS

POLICY OPTIONS

Professional Liability (Errors & Omissions) Coverage

- \$100,000 /200,000 \$100,000/\$500,000 \$250,000/\$250,000 \$300,000/\$300,000 \$250,000/\$500,000
 \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 other _____

- DEDUCTIBLE OPTIONS** \$2,500 \$5,000 OTHER _____

Coverages & Endorsements

If the following **optional** coverages are available, does the Applicant wish to purchase:

- Premises Liability? Yes No
 Wood Destroying Organisms/Termite Inspection? Yes No
 Radon Inspections / Sample Collections? Yes No
 Sewer, Pool, Spa? Yes No

Insurance History

| Name of Insurer | Policy Period From: MM/DD/YY To: MM/DD/YY | Limits of Liability | Deductible/Retention | Premium |
|-----------------|---|---------------------|----------------------|---------|
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Representations

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURANCE COMPANY WHICH THIS APPLICATION IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Fraud Warnings

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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

COVERAGE IS NOT BOUND WITH THE SUBMISSION OF THIS QUESTIONNAIRE . ALL PRICING IS SUBJECT TO THE COMPLETION OF FULL APPLICATION AND REVIEW WITH UNDERWRITER APPROVAL