



2 Waterside Crossing, Suite 102, Windsor, CT 06095 phone 860.903.0000 fax 860.903.0001 www.businessriskpartners.com

If you would like to apply online and receive a proposal from our servicing agent/broker, please go to www.inspectorinsurance.com. If not, please complete this application in full and fax to the number provided below.

IMPORTANT: Please fax this application including a cover page for your home inspection company to 860-903-0001. If you have any questions, please call our servicing agency, Capitol Special Risks at 1-866-268-1327.

1. Company Name: \_\_\_\_\_
Contact Name: \_\_\_\_\_
Street Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Telephone / Fax: \_\_\_\_\_
E-mail Address: \_\_\_\_\_
Website: \_\_\_\_\_

2. Please list up to 5 states where the applicant provides professional services: \_\_\_\_\_

3. Please indicate the companies' gross revenue for the following fiscal years:
A) Current Year \_\_\_\_\_ B) Last Year \_\_\_\_\_ C) Next Year (projected) \_\_\_\_\_

4. How many years has the applicant been in business? \_\_\_\_\_
\*If less than 2 years, please describe the specific home inspector training that has been completed (please provide the name of training school, hours completed and/or copy of the certificate of completion if applicable):
\_\_\_\_\_
\_\_\_\_\_

5. How many inspections annually does the company perform? \_\_\_\_\_

6. Please indicate the average value of homes inspected annually? \_\_\_\_\_

7. Does the applicant inspect homes valued at over \$750,000? Yes No
If yes, how many annually: \_\_\_\_\_

8. Does the applicant inspect historic/land mark homes? Yes No

9. Does the applicant utilize standardized reporting software? Yes No
A) If yes, please list the software used: \_\_\_\_\_
B) If yes, what type is used (circle one): NARRATIVE CHECKLIST VERBAL

10. Does the applicant include digital photographs with inspection reports? Yes No

11. What percentage of the applicant's revenue is derived from the following? Residential Inspections \_\_\_\_\_ %  
Commercial Inspections \_\_\_\_\_ %

12. How many employees (do not include independent contractors) provide home inspection services: \_\_\_\_\_

13. Please indicate the number of independent contractors providing professional services. \_\_\_\_\_

14. Does the applicant want coverage for these independent contractors? Yes No  
If yes, please list the first/last name of each and the average number of inspections performed annually:

---

---

15. If yes, does the applicant verify qualifications of independent contractors? Yes No

16. If yes, does the applicant review and monitor work performed by independent contractors? Yes No

17. If no, will you require them to carry and maintain their own E&O insurance? Yes No

18. How often does the applicant obtain a signed pre-inspection agreement with clients?

All of the time \_\_\_\_\_ Most of the time \_\_\_\_\_ Some of the time \_\_\_\_\_ Never \_\_\_\_\_

19. Does the pre-inspection agreement contain a Limitation of Liability provision? Yes No

20. Is the applicant engaged in any other profession other than Home Inspections? Yes No

If yes, please describe services and include estimated annual revenue for each.

---

---

21. Does the applicant currently belong to ASHI (American Society of Home Inspectors)? Yes No

If yes, please provide your ASHI number (\*we cannot provide a discount without a valid number).

ASHI Certified Inspector # \_\_\_\_\_

ASHI Associate # \_\_\_\_\_

22. Have any of the applicant's owners, directors, officers or employees ever been the subject of disciplinary or criminal actions as a result of their professional activities? Yes No

If you answered yes to the above question, please describe.

---

---

23. Have any professional liability claims been made against the applicant, applicant's owners, principals, directors, officers or employees in the past 5 years? Yes No

\*If yes, please attach a detailed explanation on a separate sheet of paper.

24. Does the applicant, applicant's owners, principals, directors, officers or employees have knowledge or information of any act, error or omission which might reasonably give rise to a claim against the applicant or its predecessors in business? Yes No

\*If yes, please attach a detailed explanation on a separate sheet of paper

25. List any other industry associations and/or membership affiliations for your company:

\_\_\_\_\_  
\_\_\_\_\_

26. Please provide any additional information we may find helpful in evaluating your risk. In addition, please indicate any special coverage requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

27. Do you currently carry professional liability insurance? Yes No

In order to best meet your coverage needs, please provide information about your current E&O policy:

- ❖ Current carrier \_\_\_\_\_
- ❖ Limit per claim/aggregate \_\_\_\_\_
- ❖ Retention/deductible \_\_\_\_\_
- ❖ Retroactive date \_\_\_\_\_
- ❖ Annual premium \_\_\_\_\_
- ❖ Current Expiration \_\_\_\_\_

28. Has your professional liability insurance ever been declined, cancelled or refused? Yes No

If yes, please describe and attach any necessary details: \_\_\_\_\_  
\_\_\_\_\_

29. How did you hear about Business Risk Partners (check all that apply)?

- ASHI Website \_\_\_\_\_ BRP Website \_\_\_\_\_ Franchise \_\_\_\_\_
- ASHI Reporter \_\_\_\_\_ Referral \_\_\_\_\_ Expo / Convention \_\_\_\_\_
- Web search engine \_\_\_\_\_ Training Institute \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**NOTICE TO APPLICANT ~ PLEASE READ CAREFULLY. Warranty:** The undersigned warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the insurers as soon as possible any material changes in the circumstances of the applicant's business including, but not limited to size of the firm, the area of business engaged in by the firm and the information contained on each supplemental application submitted by the applicant.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_