

HOME INSPECTORS'
APPLICATION FOR
CLAIMS MADE
ERRORS AND OMISSIONS INSURANCE

Offered by:

AUSTIN & AUSTIN
INSURANCE SERVICES, INC.
P.O. BOX 278, Pleasanton, CA 94566
(800) 987-1475 FAX (925) 416-1693
California Insurance License #0C10853

Serving the Real Estate Community Since 1988

1. **YOUR FULL NAME:** (including all firm names, trading names, franchise affiliation or DBA's under which you operate).

dba: _____

Contact person _____

ADDRESS (of principal office): _____ CITY _____

STATE _____ ZIP _____ TELEPHONE:() _____ FAX:() _____ e-Mail _____

Does the applicant have multiple sales office locations? _____ Yes _____ No. If Yes, How many? _____. (Please list the names and addresses of all additional locations under the same ownership with the firm given in Question #1)

2. Has the firm name ever changed or has there ever been any acquisition, consolidation, dissolution, merger or change in business organization? _____ Yes _____ No. If yes, please explain on separate sheet. (coverage is not provided for any predecessor firms or prior owners unless approved in writing by the insurance company).

3. Month/Year firm established: _____ Firm is: _____ Sole Proprietorship _____ Partnership _____ Corporation.

4. Do you provide any services other than Home Inspection services? Y / N, if yes, please explain _____

5. Number of inspectors including owners and partners _____

6. Is a Pre-Inspection Agreement/Contract signed 100% of the time? Y / N

7. Total revenue last 12 months _____

Projected revenue next 12 months _____

Revenue from commercial inspections _____

8. Current Insurance Company _____

Limits of Liability _____ Deductible: _____

Retroactive Date _____ Start/End Date _____ Premium _____

YOU WILL NOT RECEIVE RETROACTIVE COVERAGE WITHOUT DATES GIVEN AND PROOF OF PRIOR INSURANCE.

9. Have any claims been made during the past five years against the applicant or its predecessor firms? Y / N

If yes, has more than \$5,000 been paid in defense/indemnity? Y / N if yes please complete a claim information form.

10. Is the applicant aware of any circumstance which may result in a claim being made against the applicant or those indicated in question #5? Y / N If yes, please explain: _____

11. List all professional associations the applicant is a member of: _____

12. Optional coverages and endorsements:

Referral Endorsement	Y / N
Premises Liability	Y / N
Wood Destroying Organisms/Termite Inspection	Y / N
Radon Inspections/Environmental Hazards Endorsement	Y / N
Franchise Additional Insured Endorsement	Y / N

13. Policy Limits _____ Deductible _____ Desired effective date _____

The undersigned declares that to the best of his/her knowledge and belief the foregoing statements and representations are complete and accurate. Signing this proposal does not bind the undersigned to purchase the insurance; but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached and become part of the policy. Nor does submission of this proposal obligate the insurer or the agent to issue a policy.

It is further agreed that if, in the time between submission of the application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers on this application, such information shall be revealed immediately in writing to the Underwriter.

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability policy. I understand that all statements in this application are "considered" material facts and an incorrect statement can void my policy.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

Signature of Partner, Owner, Director of Named Insured

Date

Title

Please Type Name of signing applicant.

_____ First	_____ Initial	_____ Last
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FAX AND MAIL COMPLETE APPLICATION TO:

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