

Home Inspect Plus

PLEASE COMPLETE THIS PAGE AND RETURN IT WITH YOUR COMPLETED APPLICATION

Name of Company: _____

1. Limit of liability required for Errors and Omissions Insurance
 \$500,000 \$750,000 \$1,500,000
2. What type of inspections do you conduct?
 Residential Commercial Industrial
3. Do you want coverage for Mould Inspections?
 Yes No
4. Do you want coverage for Ozone Testing?
 Yes No
5. Do you want coverage for Solar Panels:
 Yes No
6. Do you want a quote for General Liability coverage?
 Yes No
7. Do you need a quote for Property coverage? (Tools or office contents, we will contact you to discuss your needs)
 Yes No
8. What professional organizations, associations or societies does the Applicant belong to?

9. Do you have a professional Designation? Yes No
Which one: RHI CMI CCHI CMHI NCH
Attach copy of certification.

Where can we send you the quote?

Fax - # _____ E-Mail - _____

Mail to:

Home Inspect Plus

HOME INSPECTOR APPLICATION FOR ERRORS AND OMISSIONS LIABILITY AND GENERAL LIABILITY INSURANCE

Administered by: HUB International Ontario Limited

Please type or print in ink. Answer all questions, use "NONE" or "N/A" where applicable, use attachments as necessary. We cannot process incomplete applications.

1 Name of Principal/Owner: _____
 Full Business Name: _____
 Mailing Address: _____
 City: _____ Province _____ Postal Code: _____
 Location Address: _____
 Business Phone: (_____) _____
 Facsimile Number: (_____) _____ is this a fax line? Yes No
 E-mail Address: _____
 Individual Contact: _____
 Website: _____

2. a. Date the home inspection business created: _____
 b. How many years in the home inspection business: _____
 c. Date of association membership inception: _____

3. List all other staff and their position. (Use attachments if necessary)

Name	Position
_____	_____
_____	_____

4. Does the applicant/firm:
 a. Perform any activities other than property inspections? I.e. Home Repairs?
 Yes No if Yes, describe: _____
 b. Engage in any Architectural or Engineering activities? (i.e. architectural design or analysis; or structural, mechanical, electrical, or civil design or analysis)
 Yes No if Yes, attach a detailed description of these activities and E & O insurance declaration page(s)

COVERAGE WILL NOT BE AFFORDED FOR OPERATIONS LISTED ABOVE.

5. General Liability, Errors and Omissions coverage the applicant/firm has had for the past three years: (Please attach copies of Declarations Pages)

	Policy Period	Insurance Company	Policy Number	Deductible	Premium
E&O					
GL					



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6. Please provide the following information:

	Last 12 Months	Next 12 Months (Estimated)
a. Number of inspections:		
b. Average fee per inspection:		
c. Total annual inspection receipts:		
d. Number of inspectors:		

Sources of Inspection Fees		Clients	
a. One and two family dwellings:	%	a. Sellers:	%
b. Multiple Family (3-4) dwellings:	%	b. Prospective buyer:	%
c. Multiple family dwellings over 4 units:	%	c. Bank:	%
d. Farms and ranches:	%	d. Insurance Co.:	%
e. Commercial:	%	e. Real Estate:	%
f. Industrial:	%	f. Other:	%
g. Mould Sampling:	%		

7. a. Has the name or ownership of the applicant/firm ever changed or has any other business been purchased, merged or consolidated with the firm?
Yes No

b. Is the firm owned or controlled by any other firm or individual?
Yes No

c. Does the firm, any owner or officer of this firm own, engage in, operate, manage or act as a director or officer of any other business?
Yes No

If yes to any question, provide details:

8. Have any claims been made against the applicant/firm, its predecessors, present or past owners, directors, officers or employees during the past five years? Or is the applicant/firm aware of any circumstances, allegations or contentions which could result in a claim(s) being made against the applicant/firm, its predecessors, present or past owners, directors or officers?
 Yes No If yes, complete the attached claims information form.

9. Have any persons of the firm proposed for this coverage ever been subject to disciplinary action by any licensing board, court, regulatory authority, professional association or has had their license revoked? Yes No
If yes, provide details:



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10. What formal training has been completed in home inspection by the principals and staff?:

11. What professional organizations, associations or societies does the applicant/firm belong to? _____

12. Has any person or organization requested a certificate of insurance?
Yes No If yes, explain:

___ Certificate of insurance only

Attn: _____

Address: _____

City, Province: _____ Postal Code: _____

Phone: _____ Fax: _____

13. Any hold-harmless agreements entered into by the applicant/firm? (other than your Inspection Agreement) Yes No If yes, enclose a copy of same.

14. What percent of the applicant's business involves subcontracting work to others (other than listed in question 3): _____%

a. Please describe work subcontracted: _____

b. Do you require Certificates of Insurance from subcontractors?
Yes No

15. Complete optional mould coverage supplement if optional coverage is desired.

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I/We understand and accept that the policy does not provide coverage for: appraising, warranting or guaranteeing the present or future economic value of any home or useful life of any part thereof; estimated construction costs or any advice, consultation or guidance on costs, to repair, or cure any defect noted in any inspection report.

I/We understand and accept that the policy ONLY provides coverage for losses arising out of an inspection for which there is a properly completed inspection agreement. The inspection agreement must be the same as provided with the application or as on file with the Company. The agreement must be signed by the client or the clients representative.

Note: The policy contains other exclusions, provisions and conditions. Please read your policy carefully and call your representative if you have any questions.

I/We understand that this application does not bind the applicant/firm, the agent, the general agent or the company to complete this insurance transaction by the issuance of a policy and that the agent, general agent and the insurance company retain the right to request from you any additional information that is reasonably necessary or required in order to complete this transaction.

I/We hereby warrant that the information contained herein is true and correct and that no material facts have been misstated, omitted or suppressed. I/We understand and accept that this application, attachments and supplements shall be the basis and form a part of the insurance policy, if issued. I/We understand and accept that the Professional Indemnity (Errors & Omissions) section of the insurance policy, if issued, is written on a claims made basis. I/WE understand and agree that no coverage will become effective until a written proposal is made, signed by the applicant/firm and returned along with payment in full or required down payment of the premium, taxes and fees quoted.

Signature: _____

Authorized signature of owner, partner or executive officer
A facsimile signature shall have the same validity as an original subject to the receipt of the original within thirty (30) days.

Title: _____ Date of signing: _____

Please be sure to include the following with your application. These items are required to bind an insurance policy.

- 1. A copy or sample of your inspection report**
- 2. Attach any brochures or literature about your company**
- 3. Attach a copy of your most recent resume**
- 4. Attach a copy of any certificates that have been issued as proof of membership with any association that you listed in question 11**

Home Inspector Application

Home
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ERRORS & OMISSIONS MOULD COVERAGE SUPPLEMENT

Mark and Answer the questions of those options which a quote is desired, use attachments as necessary

Business Name: _____

Mould Testing:

1. Type of testing equipment used: _____
2. Describe any consulting performed:

3. Does the province in which the tests are performed require licensing?
Yes No
4. Do you perform remediation? Yes No
5. Do you send samples to lab for analysis? Yes No
Name of Lab: _____
Estimated number of tests to be performed in the next 12 months: _____
6. Estimated total receipts for this activity in the next 12 months: _____

Attachments required to complete this supplement (if not previously submitted): Training/experience and nationally recognized association affiliation documentation for each optional coverage; samples of testing results, inspections, reports etc; copies of licenses.

I/We hereby warrant that the information contained herein is true and correct and that no material facts have been misstated, omitted or suppressed. I/We understand and accept that this application, attachments and supplements shall be the basis and form a part of the insurance policy, if issued. I/We understand and accept that the Professional Indemnity (Errors & Omissions) section of the insurance policy, if issued, is written on a claims made basis. I/We understand and agree that no coverage will become effective until a written proposal is made, signed by the applicant/firm and returned along with payment in full or require down payment of the premium, taxes and fees quoted.

Signature: _____

Authorized signature of owner, partner or executive officer. A facsimile signature shall have the same validity as an original subject to receipt of the original within thirty (30) days.

Title: _____ Date of Signing: _____

Application: Claims Form

COMPLETE THIS FORM IF YOU HAVE ANSWERED "YES" TO QUESTION 8

If you require more space, please use a separate sheet

Business Name: _____

Claimant	Type of Claim	Date of Inspection	Claim	Date of Loss	Estimated Loss	Expenses Paid	Name of Insurer	Description of Claim
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					

This claim's information form is to be completed by the Applicant/Firm who in the past has made claims for Errors and Omission or General Liability insurance. The requested information will be held confidential. Please type or print in ink.

I/We hereby warrant that the information contained herein is true and that no material facts have been misstated or omitted

Signature: _____

Title: _____ Date of Signing: _____

HUB International Ontario Limited





CONSENT

I hereby give my consent to HUB to produce a certificate of insurance providing proof of Insurance coverage to my association/government body.

Yes No

Signature:
