

Zain Jeewanjee Insurance Agency  
 6155 Almaden Expy, # 310  
 San Jose, CA 95120  
 408-323-9980 Fax: 408-997-7890

To begin typing, place cursor on the first line and tab to next line. When finished print and fax back to your Underwriter

## HOME INSPECTOR ERRORS & OMISSIONS APPLICATION

1. Name of Applicant (Company Name if applicable): \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

2. Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Date Firm Established: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Contact Person: \_\_\_\_\_

<u>Limits of Liability Requested</u>	<u>Deductible Requested</u>	
____ \$100,000/\$100,000	____ \$5,000	____ \$25,000
____ \$300,000/\$300,000	____ \$10,000	____ Other \$ _____
____ \$500,000/\$500,000	____ \$1,000,000/\$ 1,000,000	

6. Has your firm name ever changed or has there been any acquisition, consolidation, dissolution, merger or change in business organization? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 It yes, explain \_\_\_\_\_

7. Staff (Indicate Numbers)

	Full Time	Part Time	Inactive
Principals, Partners, Officers			
Inspectors (not owner, partner or officer)			
Other Employees (include clerical)			

8. What percentage of your work involves the subcontracting of work to others? \_\_\_\_\_ %  
 Do you require independent contractors to carry their own professional liability insurance? \_\_\_ Yes \_\_\_ No  
 If yes, what limit of liability do you require? \$ \_\_\_\_\_  
 If yes, do you obtain a certificate of insurance? \_\_\_ Yes \_\_\_ No

If you want to include coverage for subcontractors, please provide the following:  
 Name of subcontractor, subcontractor resume, advise type of inspections that will be performed by the subcontractor and revenues they will generate. Be sure to include their revenues in your total revenues listed in Question #9 below.

9. Provide the following information:

	Last 12 months	Next 12 months
Number of Inspections	_____	_____
Average Fee per Inspection	_____	_____
Gross Annual Revenue	_____	_____

<u>Type of Building</u>	<u>Percent of total revenue</u>
	Last 12 months
Residential - less than 4 units	_____ %
Residential - over 4 units	_____ %
Commercial/Industrial/Office	_____ %
Other - please describe _____	_____ %
	100%

<u>Type of Inspection</u>	<u>Percent of total revenue</u>
	<u>Last 12 months</u>
Structural	_____ %
Mechanical	_____ %
Pest	_____ %
Mold	_____ %
Safety	_____ %
Construction	_____ %
Septic/On-site Sewage	_____ %
Other - describe _____	_____ %
	100%

<u>Source of Business</u>	<u>Percent of Total Revenue</u>
	<u>Last 12 months</u>
Individual Seller	_____ %
Prospective Buyers	_____ %
Real Estate/Relocation Company	_____ %
Finance Company/Mortgage Broker	_____ %
Other, please describe _____	_____ %
	100%

10. a. What type of inspection report do you use?  
 Narrative       Checklist       Verbal
- b. What inspection standards are used?  
 ASHI       NAHI       FAB I       GAHI       CREIA  
 Other - describe \_\_\_\_\_
- c. Do you currently use a pre-inspection agreement when performing a home inspection?       Yes       No  
*Attach a copy of the agreement.*
- d. Are the agreements signed in advance by your customer?       Yes       No
- e. If agreements are used less than 100% of the time, please explain \_\_\_\_\_
- f. Do you offer any warranties or guarantees?       Yes       No  
If yes, explain. \_\_\_\_\_

H. Are you an exclusive home inspector for any one realtor or real estate company?       Yes       No  
If yes, explain. \_\_\_\_\_

12. Are you a licensed real estate agent?       Yes       No  
If yes, do you inspect any homes which you have listed as a real estate agent?       Yes       No  
Does the real estate operation carry separate professional liability coverage?       Yes       No

13. Are you a builder, contractor or repair/remodeling contractor?       Yes       No  
If yes, do you provide any of these services to the same properties that you inspect?       Yes       No

14. Are you affiliated with any of the professional home inspection organizations?       Yes       No  
Check all that apply.       ASHI       NAHI       FAB I       GAHI       CREIA  
 Other - describe \_\_\_\_\_

15. Previous coverage:

a.	Errors & Omissions	Carrier	Limits	Deductible	Premium
	Policy Period				
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Is coverage written on a claims made basis?       Yes       No If yes, what is the current retroactive date? \_\_\_\_\_

b. General Liability Policy Period	Carrier	Limits	Deductible	Premium
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- 16. Have any claims (including violation of fair housing laws) been made against your firm or anyone indicated in question 7  
 Yes  No If yes, provide details on the attached claim supplement form.
- 17. Are you aware of any act, error, omission or other circumstances which might reasonable be expected to be the basis of a claim or suit against your or anyone indicated in question 7  
 Yes  No If yes, provide details on the attached claim supplement form.  
*Please attach five year company loss runs.*
- 18. During the past five year has any insurance company declined, cancelled or refused to renew coverage for the applicant or anyone named in question 97.  Yes  No If yes, provide details.
- 19. Please provide experience resume for each inspector.
- 20. Please include a copy of any brochures

[/We hereby declare that the above statements and declarations are true and that I/We have not suppressed or misstated any material facts. I/We agree that any misrepresentation or misstatement of material facts may void coverage under this insurance. [/We agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application does not bind the company to provide coverage or the applicant to purchase the insurance.

APPLICANTS SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

Application must be signed and dated by a principal of the firm to be considered for quotation.

SUPPLEMENTAL CLAIM INFORMATION

- 1. Your name: \_\_\_\_\_
  - 2. Full name of individual involved in the claim: \_\_\_\_\_
  - 3. Full name of claimant: \_\_\_\_\_
  - 4. Date of alleged error: \_\_\_\_\_ 5- Date of claim: \_\_\_\_\_
  - 5. Additional defendants: \_\_\_\_\_
  - 6. Name of Insurer: \_\_\_\_\_
  - 7. Present status of claim:  
\_\_\_\_\_ Pending          \_\_\_\_\_ Closed          \_\_\_\_\_ In suit
  - 8. If Closed, Total Loss Paid: \_\_\_\_\_ Expense Paid: \_\_\_\_\_
  - 9. If pending, amount asked in summons: \_\_\_\_\_ Claimant settlement demand: \_\_\_\_\_
  - 10. Defendant's offer for settlement: \_\_\_\_\_ Insurer's loss reserve: \_\_\_\_\_
  - 11. Description of claim and events, including... assessment of liability if pending:  
\_\_\_\_\_  
\_\_\_\_\_  
Allegations claim is based on:  
\_\_\_\_\_  
\_\_\_\_\_
  - 12. Explain what action(s) have been taken to prevent a recurrence or similar claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_