



Worldwide Facilities, Inc.
www.WWFI.com

INSPECTORS & HOME INSPECTOR ERRORS & OMISSIONS APPLICATION

1. Name of Applicant (Company Name if applicable):
Street:
City: State: ZIP:
Telephone: () Fax Number: ()
Website address:
Individual Partnership Corporation

2. Requested Effective Date: / /

3. Date Firm Established: / /

4. Contact Person:

5. Limits of Liability Requested Deductible Requested
\$100,000/\$100,000 \$500,000/\$500,000 \$5,000 \$25,000
\$300,000/\$300,000 \$1,000,000/\$1,000,000 \$10,000 Other \$

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

7. Staff (Indicate Numbers)

Table with 4 columns: Staff Category, Full Time, Part Time, Inactive. Rows include Principals, Partners, Officers; Inspectors (not owner, partner or officer); Other Employees (include clerical).

8. Do you have any independent contractors (paid by use of IRS 1099 form)? Yes No
Total number of independent contractors:

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

NOTE: Independent contractors are not covered under the policy, but can be added by endorsement. If you would like to include coverage please provide the name of each independent contractor, their resume, advise type of inspections that will be performed and revenues they will generate. Be sure to include their revenues in your total revenues listed in Question #9 below.

9. (a) Provide the following information:

Table with 3 columns: Metric, Last 12 months, Next 12 months. Rows include Number of Inspections, Average Fee per Inspection, Gross Annual Revenue.

Table with 2 columns: Type of Building, Percent of Total Revenue (If new, Anticipated Revenue). Rows include Residential - less than 4 units, Residential - over 4 units, Commercial/Industrial/Office, Other - please describe.

(c) <u>Type of Inspection</u>	Percent of Total Revenue (If new, Anticipated Revenue)
	Last 12 months
Structural	_____ %
Mechanical	_____ %
Mold (this is excluded under policy)	_____ %
Safety	_____ %
Construction	_____ %
Septic/On-site Sewage	_____ %
Code Compliance	_____ %
Radon	_____ %
Lead	_____ %
Pest	_____ %
Are you involved in the application of pesticides (this is excluded under policy)	___ Yes ___ No
Other – describe _____	_____ %
	100%

(d) <u>Source of Business</u>	Percent of Total Revenue (If new, Anticipated Revenue)
	Last 12 months
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 ___ FABI ___ 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. _____

11. 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 ___ FABI ___ GAHI ___ CREIA ___
 Other – describe _____

15. Previous coverage:
- a. Errors & Omissions
 Policy Period Carrier Limits Deductible Premium
-
-
-
- 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
-
-
-
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 #7. Yes No If yes, provide details.

Please include with this completed application:

- Experience resume for each inspector.
- Copy of any brochures
- Copy of contract used for services.
- If prior coverage, copy of expiring retroactive date

I/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. I/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 defendents: _____
- 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: _____