

**INSPECTORS ERRORS & OMISSIONS INSURANCE**  
**Standard Application**

1. Name of Applicant (Company Name if applicable): \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Business Type:  Individual  Partnership  Corporation  Other (*describe*) \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Website address: \_\_\_\_\_ Email: \_\_\_\_\_

Is the applicant owned, controlled or affiliated with or by another entity?  Yes  No (If yes, give details on a separate sheet, including name of entity, percentage owned/controlled, etc.)

2. Requested Effective Date: \_\_\_\_\_ (if you have current insurance, policy expiration date)

3. Date Firm Established: \_\_\_\_\_ Advise number of years inspecting and/or related experience (in trades) \_\_\_\_\_ (If less than three years total experience inspecting and/or in the construction trades, please submit a detailed summary of experience, including construction/remodeling, training, education, licensing and certification.)

4. **Deductible(s) Requested:**  \$2,500  \$5,000  \$10,000  \$25,000

5. 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 \_\_\_\_\_

6. **Staff (Indicate Numbers) (Coverage includes all inspectors/employees.)**

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

7. What percentage of your business is completed by independent contractors (ICs)? (1099 employees) \_\_\_\_\_  
 If you use ICs, do you require them to carry/provide proof of E&O insurance? ( ) Yes ( ) No  
 If NO, ICs must have coverage. Up to two ICs are covered at no additional premium under this policy. There is an additional charge of \$50 for each IC to be covered over two. \_\_\_\_\_ Please list total number of ICs to be covered under this policy. Please list all ICs to be covered: \_\_\_\_\_

Please be sure to include revenues from all ICs in your total revenues listed in Question #8 below.

8. Please provide the following information:

	Last 12 months	Next 12 months
a. Number of Inspections	_____	_____
b. Average Fee per Inspection	\$ _____	\$ _____
c. <b>Gross Annual Revenue</b>	\$ _____	\$ _____

9. Type of Building Inspected

	Percent of Total Revenue (if new, please estimate revenue) Last 12 months
a. Residential—less than 4 units	_____ %
b. Residential—over 4 units	_____ %



14. 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
15. Are you affiliated with any of the professional home inspection organizations?  Yes  No  
 Check all that apply.  ASHI  NAHI  FABI  GAHI  CREIA  NACHI  
 Other – describe \_\_\_\_\_ Licensed by your State (if applicable):  Yes  No
16. Previous/Current coverage:  
 a. Errors & Omissions  


Policy Period	Carrier	Limits	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 If yes, please provide current Declarations Page with application for coverage of Prior Acts.
- b. General Liability  

Policy Period	Carrier	Limits	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
17. Have any claims (including violation of fair housing laws) been made against you or your firm or anyone indicated in questions 6 or 7?  Yes  No If yes, please provide details on the attached claim supplement form.
18. Are you aware of any act, error, omission or other circumstances which might reasonably be expected to be the basis of a claim or suit against you or your firm or anyone indicated in questions 6 or 7?  Yes  No If yes, please provide details on the attached claim supplement form.
19. During the past five years has any insurance company declined, cancelled or refused to renew coverage for you or anyone in your firm or anyone named in question #6 or 7?  Yes  No If yes, please provide details on a separate sheet.

**Submitting Application**

Please provide:

- a) A history of inspecting and/or related experience for each inspector, including construction, remodeling and other work in “the trades,” and schooling, licensing and/or other education/certification;
- b) Copy of your pre-inspection agreement; 
- c) Copy of current insurance declarations page if applicable;
- d) Explanation of previous claims (if applicable).

**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.

Please complete and fax to OREP: Fax: (619) 704-0567 or (619) 269-3884; ph: (888) 347-5273  
 OREP: 6760 University Ave. #250 San Diego, CA 92115 [info@orep.org](mailto:info@orep.org)  
 David Brauner Calif. Insurance License #0C89873

**SUPPLEMENTAL CLAIM INFORMATION (If Applicable)**

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: \_\_\_\_\_

Please complete and fax to OREP: Fax: (619) 704-0567 or (619) 269-3884; ph: (888) 347-5273

OREP: 6760 University Ave. #250 San Diego, CA 92115

[info@orep.org](mailto:info@orep.org)

David Brauner Calif. Insurance License #0C89873