

Organization of Real Estate Professionals (OREP)

6760 University Ave, Suite #250, San Diego, CA 92115

Phone: (888) 347-5273 Fax: (619) 704-0567 or (619) 269-3884 email: info@orep.org www.orep.org

**OREP Home Inspectors Errors and Omissions Insurance
Premium Indication Form**

Remittance of this application and payment does not constitute coverage until a written confirmation/binder is issued from the Underwriter. Written confirmation may take up to 48 hours.

1. Use the Qualify section below to determine if you qualify for minimum premiums. If qualified, the Premiums on page 2 apply. Simply select desired coverages and submit this completed application with payment.

Please note: your application for insurance will require additional underwriting if; 1) you have claim activity in the last five years, 2) you do not have a minimum of three years experience inspecting or in the related/construction trades or 3) your annual revenues are greater than \$240,000. If you have claims and/or exceed the revenue threshold, please use the OREP Home Inspectors **Standard Application** for a quote (instead of this application). Quotes using the Standard Application take about 48 hours.

If you have less than three years total experience inspecting and/or in the construction trades, please submit a detailed summary of your experience, training, education, licensing and certification *before submitting payment*. If you qualify, the minimum premium rates on page 2 should apply.

If you do environmental or engineering inspections, please contact OREP for coverage options.

2. Use the Select Coverage section on page 2 to select your desired coverage.

3. Simply submit the completed application with payment and the following materials: 1) Summary of your experience, training, education and certification; 2) Pre-inspection agreement.

Your Information

Name of Applicant (Principal): _____

Company Name: _____

Entity Type: Individual _____ Partnership _____ Corporation _____ Other (describe) _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Cell: _____ Fax: _____

Website address: _____ Email: _____

Qualify Section

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

Experience

1a. ___ Yrs. Experience (Total number of years inspecting and/or in related activities such as the construction trades, remodeling, etc.)

Claims History

If you answer "Yes" to any of the following "claims history" questions please use the OREP Home Inspectors Standard Application and submit with details of the claim(s) on a separate sheet for underwriting.

1b. Yes () No () Has any claim or suit alleging a negligent act, error or breach of duty been brought against you or your firm within the past five (5) years?

1c. Yes () No () Do you have knowledge of any circumstances which could result in a claim or suit against you or your firm?

1d. Yes () No () Have you or anyone in your firm ever been criticized, censored, reprimanded or had any license suspended or revoked by any professional organization, regulatory agency or court?

Revenues

If you answer "Yes" to the questions below and your revenues for the prior 12 months are greater than \$240,000 or if projected revenues for the next 12 months are greater than \$240,000, please use the OREP Home Inspectors Standard Application.

1e. Yes () No () Are your total annual revenues for the previous 12 months greater than \$240,000?

1f. Yes () No () Are your projected annual revenues for the next 12 months greater than \$240,000?

Services

1g. Yes () No () Do you provide architect/engineering services or any environmental services or inspections (other than mold or radon)? (If yes, please call OREP for coverage options.)

1h. Yes () No () Is more than 10% of your total revenues from inspections for mold? **This policy has an absolute mold exclusion.** (If yes, please use the Standard Application.)

1i. Yes () No () Is more than 25% of your total revenue from (municipal) code compliance inspections? If yes, please use the Standard Application.

1j. Yes () No () Is more than 50% of your total revenue from commercial inspections (residential/over 4 units and commercial/industrial/office)? If yes, please use the Standard Application.

1k. Yes () No () Do you perform inspections on property you own and/or have an interest in (including as a real estate agent/broker)? If yes, coverage can not be bound.

1l. Yes () No () Do you perform repair/remodel work and/or building services on properties you inspect? If yes, coverage can not be bound.

1m. Yes () No () Do you perform pest application services on properties you inspect? If yes, coverage can not be bound.

1n. Yes () No () Do you provide Construction Draw, or new construction inspection services? (If total revenues for any of these services are over 25%, please use the Standard Application.)

1o. Yes () No () Is more than 10% of your total revenue from Radon Mitigation services? If yes, please use the Standard Application. **There is no coverage for radon mitigation.**

1p. Yes () No () Do you perform radon mitigation services on properties you inspect? If yes, there is no coverage for that inspection.

2. Select Coverage Section

This Policy provides coverage for all employees/inspectors working for the firm.

2a. _____ Total number of inspectors working for the firm (employees) including the principal (**Do not include IC's**) Please list names: _____

2b. _____ Total number of support staff (not inspectors).

Independent Contractors (IC's)

2c. Yes () No () Do you use IC's? (1099 employees) (If no, please skip to Additional Services area below.)

2d. Yes () No () If yes, do you require IC's to carry/provide proof of E&O insurance? (If yes, please skip to Additional Services area below.)

2e. If NO, and you do not require IC's you use to carry E&O insurance, they must be covered. Up to two IC's are covered at no additional charge under this policy. There is an additional charge of \$50 for each IC to be covered over two.

2f. _____ Total number of IC's to be covered under this policy. Please list all IC's to be covered: _____

Policy Coverage: Policy includes Additional Insured for Agents and other Referring Parties, prior acts for qualified applicants, coverage for Commercial Inspections, Pest/Termite (not application), Radon, Pool, Septic, New Construction/Code Compliance.

Contingent Bodily Injury (BI) and Property Damage (PD) [The following information is provided for informational purposes only and does not constitute an offer of insurance. Coverage is subject to the actual terms, coverages, conditions, exclusions, and limitations of the policy. Please refer to the actual policy for complete details.]

COVERAGE LIMITS	ANNUAL PREMIUM \$1,000 DEDUCTIBLE	ANNUAL PREMIUM \$2,500 DEDUCTIBLE	ANNUAL PREMIUM \$5,000 DEDUCTIBLE	BODILY INJURY & PROPERTY DAMAGE	DEFENSE OUTSIDE LIMITS
\$1,000,000/\$1,000,000	\$2,600	\$2,450	\$2,200	+ \$550	10%
\$500,000/\$500,000	\$2,225	\$2,100	\$1,850	+ \$350	5%
\$300,000/\$300,000	\$2,025	\$1,825	\$1,650	+ \$300	3%
\$100,000/\$100,000	\$1,600	\$1,400	\$1,250	+ \$200	NA

Additional Services

2g. Yes () No () Is more than 10% of your total revenue from commercial inspections (residential/over 4 units and commercial/industrial/office)? If YES, a **\$250 surcharge** is required. (If more than 50%, please complete a Standard Application.)

2h. Yes () No () Is more than 10% of your total revenue from Pest inspections? If YES, a **\$250 surcharge** is required. If more than 50%, a **\$500 surcharge** is required.

Coverage Selection: _____ Please indicate Policy Limit Selected from table on page 2 (required)
_____ Please indicate deductible selected from table on page 2 (required)

Premium Calculation (please complete)

\$ _____ Premium Selected from table on page 2 (required)
\$ _____ BIPD Coverage (optional) (Must match policy limit selected.)
\$ _____ \$250 surcharge IF more than 10% of total revenue is from commercial inspections. (Over 50% of revenue, please use the Standard Application.)
\$ _____ \$250 surcharge IF more than 10% of total revenue is from Pest inspections. (\$500 surcharge if more than 50% of total revenue is from Pest Inspections.)
\$ _____ Additional Independent Contractors over two. (\$50 each)
\$ _____ Defense Outside the Limits (apply appropriate percentage to the total of all of the above premiums)
\$ _____ **Total Premium Calculation**

Coverage for Prior Acts– Important!

(Prior acts is provided at no charge for qualified applicants with current coverage in force.)

2i. Yes () No () Do you currently have E&O coverage?

2j. _____ If **YES**, what is the policy expiration date? **(To qualify for prior acts coverage, you must include a copy of your current Declarations Page/proof of continuous coverage.)**

2k. If you do not have current insurance, what is the desired effective date of insurance coverage?
(MM/DD/YYYY) ___ / ___ / _____ (Date must be no earlier than today's date.)

I am engaged in the inspection of real property and understand that there is no coverage for any other activity. A pre-inspection agreement has been signed by the customer. 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. I understand that coverage is not in force until I receive written confirmation from the Underwriter.

APPLICANT'S SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE _____

3. Submit Completed Application with Payment

Payment Section (please complete)

\$ _____ Total Premium Calculation from above.
\$ _____ \$G Underwriter Policy Fee
\$ _____ State Surplus Lines Taxes (Please see page 4 for the taxes/filing fees applicable in your state. Please multiply the percent indicated for your state by the total premium selected plus underwriter policy fee to determine your tax.)
\$ _____ **Total Policy Amount Due (Same Day Financing is available.** Please call OREP with any questions 888-347-5273.)

Instructions for Submitting this Application

1. Please make sure application is completed and signed where required.
2. Please fax, email or mail the completed application with Total Policy Amount Due (above) using the OREP Payment Page. (Please remember to include the OREP fee, which is separate and in addition to the Underwriter Policy fee indicated above). If you'd like same day financing, please call OREP.
3. **Please remember to include a copy of your preinspection agreement and a summary of your experience and training.** Coverage can not be bound without these items.
4. If you are currently insured, please include a copy of your existing Declarations Page for Prior Acts coverage.
5. Please follow up to verify delivery of your package to OREP.
6. Confirmation will be sent within 24- 48 hours.

OREP

Ph: (888) 347-5273 (toll free)
Fax: (619) 704-0567 or (619) 269-3884
Email: info@orep.org

About Surplus Lines

A good portion of all the professional insurance we handle for appraisers, agents, inspectors, mortgagefield/property preservation and other real estate professionals is Surplus Lines. The vast majority of professional insurance is written on a surplus lines basis.

You may be asked to sign forms for your state verifying that you understand this. If you have any questions or don't understand what surplus lines is, please ask David Brauner, Senior Broker.

You will find more information about surplus lines from NAPSLO, a professional trade association for surplus lines brokers: <http://www.napslo.org/>. Click "About Napslo."

For further explanation from the American Association of Managing General Agents about Surplus Lines vs. Admitted Insurance, please click here: <http://www.aamga.org/faqs#faq01>.

AM Best Ratings evaluate the financial strength of a company, among other things: www.ambest.com. Every company used by OREP/David Brauner Insurance Services has rating of "A" or better.

State	Surplus Lines Tax	Stamping Fee
Alabama (AL)	6.00%	(Stamping fees are added to tax shown except where noted below.)
Alaska (AK)	3.70%	
Arizona (AZ)	3.20%	
Arkansas (AR)	4.00%	
California (CA)	3.250%	
Colorado (CO)	3.00%	
Connecticut (CT)	4.00%	
Delaware (DE)	2.00%	
Florida (FL)	6.10%	
Georgia (GA)	4.00%	
Hawaii (HI)	4.68%	
Idaho (ID)	1.75%	
Illinois (IL)	3.60%	
Indiana (IN)	2.50%	
Iowa (IA)	1.00%	
Kansas (KS)	6.00%	
Kentucky (KY)	CALL OFFICE	
Louisiana (LA)	5.00%	
Maine (ME)	3.00%	
Maryland (MD)	3.00%	
Massachusetts (MA)	4.00%	
Michigan (MI)	2.50%	
Minnesota (MN)	3.25%	
Mississippi (MS)	4.25%	
Missouri (MO)	5.00%	
Montana (MT)	3.75%	
Nebraska (NE)	3.00%	
Nevada (NV)	3.90%	
New Hampshire (NH)	2.00%	
New Jersey (NJ)	5.00%	
New Mexico (NM)	3.003%	
New York (NY)	3.80%	
North Carolina (NC)	5.00%	
North Dakota (ND)	1.75%	
Ohio (OH)	5.00%	
Oklahoma (OK)	6.00%	
Oregon (OR)	2.00%	plus \$15 fee
Pennsylvania (PA)	3.00%	plus \$25 fee
Rhode Island (RI)	3.00%	
South Carolina (SC)	6.00%	
South Dakota (SD)	2.50%	
Tennessee (TN)	2.50%	
Texas (TX)	4.91%	
Utah (UT)	4.40%	
Vermont (VT)	3.00%	
Virginia (VA)	2.253%	
Washington (WA)	2.25%	
Washington DC (DC)	2.00%	
West Virginia (WV)	4.55%	
Wisconsin (WI)	3.00%	
Wyoming (WY)	3.00%	



PAYMENT PAGE

Please note: 25% of the premium is fully earned and non-refundable.

Total Policy Amount Due (from page 3) \$ _____

*Please call for same day financing.

Total Due \$ _____

() Faxing Payment by Check. It's Fast, Free and Simple. Here is how:

- 1. Complete your check payable to OREP for the total amount due and attach it to this form (below).
2. Sign the authorization below and fax the completed form and check to OREP: (619) 704-0567.
3. Retain a clear photocopy for your records. (Do not mail.)
4. Please note: Checks drawn from a line of credit can not be processed

This check authorizes you to charge our bank account as per the attached check:

Your Signature

Date Signed

(Attach the check here made out to OREP and fax with application to:(619) 704-0567 or (619) 269-3884.)

() Payment by Check or Money Order: I have enclosed a check for the total amount due and will mail.

() Payment by Credit Card () MasterCard () Visa

Amount Charged \$ _____

Name on card: _____

Billing Address: _____

City _____ State _____ Zip: _____

Credit Card Number: _____ Exp. date: _____

Signature of cardholder _____

Date signed _____

OREP Insurance Services: 6760 University Ave. #250 San Diego CA 92115.
(888) 347-5273 * Fax: (619) 704-0567 or (619) 269-3884 www.orep.org * info@orep.org