

Please type or print in ink and return with a copy of your resume and inspection agreement.

**HOME INSPECTORS  
PROFESSIONAL LIABILITY INSURANCE APPLICATION  
THIS IS A CLAIMS-MADE AND REPORTED APPLICATION**

Administered by: Target Insurance Services ■ 35 Tower Lane ■ Avon, CT 06001  
■ Phone: (888) 888-1613 ■ Fax: (860) 284-1113 ■ Website: [www.target-capital.com](http://www.target-capital.com)

Applicant Name	E-mail	Business Phone:(    )
Principal Business Address (No P.O. Boxes. Please list other locations on a separate sheet)		Fax Number (    )
_____		Web Address
_____		Form of Business
_____		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership
_____		<input type="checkbox"/> Professional Assn. <input type="checkbox"/> Corporation
_____		<input type="checkbox"/> Limited Liability Partnership/Corp.
_____		<input type="checkbox"/> Other

Month/Year Firm Established \_\_\_\_\_ Contact Name \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

Limits Desired     \$250,000/\$250,000     \$250,000/\$500,000     500,000/\$500,000     \$500,000/\$1,000,000  
    \$1,000,000/\$1,000,000

Deductible Desired     \$1,000     \$1,500     \$2,000     \$2,500     \$5,000     \$10,000     \$15,000

**\*\*PLEASE NOTE: THIS POLICY DOES NOT PROVIDE COVERAGE FOR CLAIMS PERTAINING TO MOLD\*\***

**DESCRIPTION OF BUSINESS**

1. Please indicate the Applicant's total annual revenues for  
Next Year (projected): \_\_\_\_\_  
Current Year: \_\_\_\_\_  
Last Year: \_\_\_\_\_
  
2. Years of Home Inspection Experience: \_\_\_\_\_
  
3. Total number of home inspectors: \_\_\_\_\_  
  
(a) Are all inspectors licensed?  Yes     No  
(b) Have all inspectors completed a certification program?  Yes     No
  
4. Does your practice utilize the services of independent contractors?  Yes     No  
(a) If yes, please indicate the total number of independent contractors: \_\_\_\_\_  
(b) Do you require independent contractors to carry their own professional liability insurance?  Yes     No
  
5. Number of home inspections performed annually: \_\_\_\_\_
  
6. Do you belong to any professional organization? ASHI | NACHI | NAHI | FAB I | CREIA | GAHI | TAREI | ITA | HIIA
  
7. Do you perform inspections in states other than the state in which your business is located?  Yes     No  
*If "yes", please indicate which state(s).*  
\_\_\_\_\_  
*Are you licensed in these states?*  Yes     No

## AREA OF PRACTICE

8. Please indicate the percentage of gross revenues derived from the following types of inspections. If this is a newly established business, please provide estimates.

	<b>Pre-Inspection Agreement Used 100% of the Time?</b> <i>(attach a copy)</i>		<b>Pre-Inspection Agreement Used 100% of the Time?</b> <i>(attach a copy)</i>
<b>RESIDENTIAL INSPECTIONS</b> _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain	<b>COMMERCIAL INSPECTIONS</b> _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain
HUD or Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If provided, please complete the Commercial Inspections questions in the Optional Coverages section of this application (Question 17 (f)).</i>	

9. Source of Business:

Seller \_\_\_\_\_ %  
 Buyer \_\_\_\_\_ %  
 Real Estate/Relocation Company \_\_\_\_\_ %  
 Finance Company/Mortgage Broker \_\_\_\_\_ %  
 Other: \_\_\_\_\_ %

10. Does any client represent more than 25% of your annual revenue?  Yes  No

*If "yes", please explain.*

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11. Does the Applicant (or any member of the Applicant) provide any services outside the scope of home inspections?  Yes  No

*If yes, please attach detailed description of these services.*

12. Are all inspection reports completed in writing?  Yes  No

*If no, please explain*

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

*If yes, please explain by attachment.*

## CLAIMS AND DISCIPLINARY ACTION

14. Has any current or past member of the Applicant:

- (a) Had his/her license revoked?  Yes  No
- (b) Been subject to disciplinary action by any state licensing board, court, regulatory authority or professional association?  Yes  No
- (c) Been subject to any fine, reprimand or criminal penalty related to performance of home inspection services?  Yes  No
- (d) Had their professional liability insurance denied, cancelled or non-renewed?  Yes  No

*If "yes" to any of the above, please explain below, including the date and outcome.*

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15. (a) Have any claims or suits been brought against any member of the Applicant, a predecessor of the Applicant, or any current or past partner, officer, owner or employee thereof during the past 5 years? Yes No
- (b) Having inquired of all partners, officers, owners and employees, are there any circumstances which may result in a claim being made against the Applicant, its predecessors or any current or past partner, officer, owner or employee of the Applicant? Yes No

If "yes" to 15.a or b., please complete the attached **Supplemental Claim Form** for each claim or circumstances which could give rise to a claim.

## PRIOR INSURANCE

16. (a) Please provide the information requested below regarding Home Inspectors Professional Liability insurance carried by you, your firm or previous firms during the past FIVE (5) years.

Inception (Mo./Day/Yr.)	Expiration (Mo./Day/Yr.)	Insurance Company	Premium	Limits	Deductible

PLEASE PROVIDE A COPY OF EXPIRING POLICY DECLARATIONS PAGE

## OPTIONAL COVERAGES

17. The following optional coverages are available by endorsement. These optional coverages are subject to additional premiums and have specific sub-limits of liability. Please check all coverages desired.

- (a) **PREMISES LIABILITY**

Requested Limits: \$250,000/\$5,000  \$300,000/\$5,000  \$500,000/\$5,000  \$1,000,000/\$5,000

- (b) **TERMITE INSPECTIONS**

1. Please describe any consulting services performed.

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2. Please list all Applicants/Insureds who are licensed/certified to perform Termite Inspections. *(Please note that Applicants/Insureds not licensed/certified to perform Termite Inspections under the laws of ALL states in which the Applicant/Insured practices will not be eligible for Termite Inspection coverage.)*

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3. Do you provide treatment? Yes No

4. Number of Termite Inspections to be performed in the next 12 months: \_\_\_\_\_

5. Total billings from Termite Inspections: \_\_\_\_\_

Requested Limits: \$50,000  \$100,000  \$200,000  \$300,000  \$350,000

Requested Deductibles: \$1,000  \$2,500  \$5,000

(c) **RADON INSPECTIONS**

1. Please describe the type of radon testing equipment used.

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2. Describe any consulting services performed.

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3. Please list all Applicants/Insureds who are licensed/certified to perform Radon Inspections.  
*(Please note that Applicants/Insureds not licensed/certified to perform Radon Inspections under the laws of ALL states in which the Applicant/Insured practices will not be eligible for Radon Inspection coverage.)*

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4. Do you perform remediation? Yes No

5. Is the laboratory used EPA-listed? Yes No

6. Number of Radon Inspections to be performed in the next 12 months: \_\_\_\_\_

7. Total billings from Radon Inspections: \_\_\_\_\_

Requested Limits/Deductibles: \$50,000/\$3,000  \$100,000/\$3,000  \$300,000/\$3,000

(d) **LEAD PAINT INSPECTIONS**

1. Please describe any consulting services performed.

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2. Please list all Applicants/Insureds who are licensed/certified to perform Lead Paint Inspections.  
*(Please note that Applicants/Insureds not licensed/certified to perform Lead Paint Inspections under the laws of ALL states in which the Applicant/Insured practices will not be eligible for Lead Paint Inspection coverage.)*

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3. Number of Lead Paint Inspections to be performed in the next 12 months: \_\_\_\_\_

4. Total billings from Lead Paint Inspections: \_\_\_\_\_

Available Limit/Deductible: \$100,000/\$3,000

(e) **SEPTIC/ON-SITE SEWAGE SYSTEMS INSPECTIONS**

1. Please describe any consulting services performed.

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2. Please list all Applicants/Insureds who are licensed/certified to perform Septic/On-Site Sewage Systems Inspections.  
*(Please note that Applicants/Insureds not licensed/certified to perform Septic/On-Site Sewage Inspections under the laws of ALL states in which the Applicant/Insured practices will not be eligible for Septic/On-Site Sewage Inspection coverage.)*

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3. Number of Septic Inspections to be performed in the next 12 months: \_\_\_\_\_

4. Total billings from Septic Inspections: \_\_\_\_\_

Requested Limits: \$100,000  \$250,000

Requested Deductibles: \$2,500  \$5,000  \$10,000

(f) **COMMERCIAL INSPECTIONS**

1. Please describe any commercial inspection services performed:

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2. Do you perform restaurant or night club inspections?  Yes  No

3. Do you perform inspections on buildings larger than 100,000 square feet and/or more than 50 units?  Yes  No

4. Please list all Applicants/Insureds who are licensed/certified to perform Commercial Inspections.  
*(Please note that Applicants/Insureds not licensed/certified to perform Commercial Inspections under the laws of ALL states in which the Applicant/Insured practices will not be eligible for Commercial Inspection coverage.)*

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5. Number of Commercial Inspections to be performed in the next 12 months: \_\_\_\_\_

6. Total billings from Commercial Inspections: \_\_\_\_\_

Requested Limits/Deductibles: \$50,000/\$5,000  \$100,000/\$5,000

**PLEASE NOTE: LIMITS APPLICABLE TO EACH OPTIONAL COVERAGE IS THE MAXIMUM PAYABLE FOR ALL DAMAGES AND CLAIMS EXPENSES FOR EACH COVERED CLAIM RESULTING FROM SUCH INSPECTION**

**Notice to Applicant – Please Read Carefully**

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

All written statements and materials furnished to the insurance company to which this application is submitted (herein called the Company) in conjunction with this application are hereby incorporated by reference into this application and made part hereof. This application does not bind the Applicant to buy, or the Company to issue, the insurance, but it will be agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and authorization of agreement to bind the insurance.

**IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.**

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.**

Applicant hereby authorizes the release of claim information from any prior insurer to the Company indicated above.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**NOTICE:**

Failure to report:

1. any claim made against you during your current policy term, or
2. any facts, circumstances or events which may give rise to a claim to your current insurance company BEFORE policy expiration may create a lack of coverage.

\_\_\_\_\_  
Applicant Signature (**Must be signed and dated in ink by an Owner, Partner or Officer**)

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (Mo.-Day-Yr.)