

1 GENERAL INFORMATION

b Physical Address: _

HOME INSPECTORS PROFESSIONAL LIABILITY **INSURANCE APPLICATION**

Fox Point Programs, Inc.

3001 Philadelphia Pike Claymont, DE 19703 Phone: 800-499-7242 • Fax: 302-765-2088 www.foxpointprg.com

E-mail: submissions@foxpointprg.com

FOR THE MOST RECENT VERSION OF THIS APPLICATION, PLEASE VISIT WWW.FOXPOINTPRG.COM

NOTICE: THE POLICY FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD ARE COVERED SUBJECT TO THE POLICY PROVISIONS.

THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY CLAIMS EXPENSES. CLAIMS EXPENSES ARE ALSO APPLIED AGAINST YOUR RETENTION, IF ANY. IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE, PLEASE DISCUSS THEM WITH YOUR INSURANCE AGENT.

а	Applicant Name:	
		(as it should appear on the policy; name should match current policy information, unless endorsed otherwise)
	d/b/a:	

City:	State: ZIP:
Contact Name:	Email:
Phone: () Fax: ()	Website:

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	1 110110: ()		1 ux. ()				
d	Business Type:	Corporation	Partnership	LLC	Other:		
е	Year Established:	Numbe	r of Active Inspectors:		Total Number of Employees:	:	
В	USINESS PRACTICES	& HISTORY					
a	How many years of related	d professional exper	ience does the principa	al or other key	professional employee have?		_ Years
b	What percentage of work	is performed inspec	ting commercial, indus	strial or office l	ocations?		_ %
C	What percentage of work i	s performed involvi	ng homes valued at \$1	,000,000 and I	higher?		_ %
d	What percentage of work	is performed involvi	ng compliance inspect	ions (codes, re	egulations, laws, etc.)?		_ %
е	What percentage of your c	ustomers sign eithe	r a written contract or	agreement for	services?		_ %
f	What percentage of your o	ontracts are reviewe	ed by your legal depart	ment or a third	I party law firm?		_ %
g	Does this Applicant have a	ny Subsidiaries?				Yes	No
h	Does more than 50% of y	our revenue come fr	om a single client?			Yes	No
i	Is the Applicant owned, o	ontrolled or affiliat	ed with any other enti	ty?		Yes	No
j	Has the name of the Appl	icant ever been cha	anged?			Yes	No
k	Has the Applicant ever be	en the subject of a	ny merger, acquisition	n or consolida	tion?	Yes	No
I	Do you anticipate any ma but not limited to substar	•	• • • • • • • • • • • • • • • • • • • •		s in the next 12 months, including +/- 10% or more), any		

If the answer is "Yes" to questions 2q-21, please explain on a separate sheet (attached).

Nο

Yes

3 CLAIMS HISTORY

a	After inquiry, do any principals, directors, officers, partners, professional employees or independent contractors of the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses or circumstances which might reasonably be expected to give rise to a claim against the Applicant or any proposed insured entity?	Yes	No
b	During the past five years, has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities?	Yes	No
C	During the past five years, have any claims or suits been made against the Applicant, any predecessors in business, subsidiaries, affiliates or any principal, director, officer or professional employee?	Yes	No
d	Has the Applicant reported the matters listed in the above 3 questions to its current or former insurance carrier?	No	N/A

4 REVENUE

a Please complete the items in the below chart, where applicable:

	YEAR	REVENUES	% NON U.S. REVENUES
Prior Fiscal Year		\$	%
Current Fiscal Year		\$	%
Projected Next Fiscal Year		\$	%

5 CURRENT/PRIOR INSURANCE

If "Yes," please attach a current Policy Declarations Page (plus any endorsements applied). Please be sure we can recognize both the Expiration Date and the Retroactive Date.

Please provide the following information for any Errors & Omissions or Professional Liability Insurance during the last 3 years:

COMPANY (Please enter full name of carrier)	LIMIT OF LIABILITY (PER CLAIM/AGGREGATE)	DEDUCTIBLE	PREMIUM	POLICY PERIOD (EFF DATE - EXP DATE)	RETRO DATE (MM/DD/YYYY)
		\$	\$		
		\$	\$		
		\$	\$		

b	Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined,		
	cancelled or non-renewed?	Yes	No
	If "Vos " nlease evolain on the senarate sheet provided		

6 LIMIT/DEDUCTIBLE OPTIONS

	LIMIT OPTIONS	DEDUCTIBLE OPTIONS
Select:	\$100,000 / \$100,000	\$ 1,000
(a) Limit Options and	\$100,000 / \$300,000	\$ 1,500
(b) Deductible Options Desired	\$250,000 / \$250,000	\$ 2,500
Some restrictions may apply based	\$250,000 / \$500,000	\$ 5,000
on underwriting criteria.	\$500,000 / \$500,000	\$ 10,000
	\$500,000 / \$1,000,000	\$ 15,000*
* Requires \$250,000 / \$500,000 Minimum Limits	\$1,000,000 / \$1,000,000	\$ 25,000*
I		

(a)

(b)

/ ADDITIONAL COVERAGES		RADON/TERMITE COVERAGE	GENERAL LIABILITY COVERAGE*	
Colooti			\$100,000/\$100,000	
Select: (a) Radon/Termite Option an		Radon Coverage	\$100,000/\$500,000	
(b) General Liability Option D)esired	•	\$150,000/\$500,000	
Some restrictions may apply	based	Termite Coverage	\$250,000/\$250,000	
on underwriting criteria.			\$300,000/\$300,000	
		None	\$500,000/\$500,000	
			*GL Coverage requires completion/acceptance of the GL Supplemental Application	
		nspector associations?		No
Company to the Applicant and shall	be deemed to b	e attached to and form a part of the Polic the Applicant to purchase the insurance.	cation forms a part of any Policy issued by the cy. It is understood and agreed that completion of this	S
Applicant Signature:			///	
(MUST be		er, Partner, Director or Officer of the Named Ins has authority to act on behalf of all insureds.)	sured. MM DD YYYY	
Print Name		Print Title		
PRODUCER SUBMITTING ON	I BEHALF OF	THE INSURED		7
Agency Name:			License #:	
Agent Name:			Phone #: ()	
Address:				
City:			State: ZIP:	
E-mail Address:				

Do you authorize Fox Point Programs to broker this account if not eligible for our in-house program?

(a)

(b)

Yes

No

Applicant Name:		



SUPPLEMENTAL CLAIM QUESTIONNAIRE

THIS SUPPLEMENTAL FORM IS TO BE COMPLETED BY THOSE APPLICANTS WHO HAVE EITHER 1) BEEN THE SUBJECT OF A PROFESSIONAL LIABILITY CLAIM, OVER THE PAST TEN (10) YEARS, OR 2) ARE AWARE OF A SITUATION THAT MAY GIVE RISE TO A CLAIM IN THE FUTURE. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

COMPLETE ONE SUPPLEMENTAL APPLICATION FOR EACH CLAIM OR INCIDENT.

		ant(s):	
Date of the alleged ac	t, error, or omission:		
Is this a: Claim	Lawsuit	Administrative/Disciplinary Hearing	Incident (potential claim)
Is this matter settled	Yes No	If "Yes," what was the final disposition (m	nonetary award, administrative sanction, etc.?)
What was the total in	demnity amount paid	? \$	
What were the total d	efense/legal costs pai	d?\$	
,			
Provide a brief descrip	tion incident being re	ported:	
		onal Liability policy at the time of the incider ame and policy number:	nt? Yes No
DMPLETE. THIS APPLIC JCH POLICY MAY BE C	CATION DOES NOT BIND ANCELLED BY THE CO	OTHE APPLICANT OR THE COMPANY, NOR DOE OMPANY FROM INCEPTION UPON DISCOVERY	TIONS ON THIS APPLICATION ARE TRUE AND SIT OBLIGATE THE COMPANY TO ISSUE A POLICY THAT THE POLICY WAS OBTAINED THROUGH A CEPTANCE OF THE RISK OR HAZARD ASSUMED.
Date		Applicant's Au	uthorized Signature



Return Applications to:

FOX POINT PROGRAMS, INC., 3001 Philadelphia Pike, Claymont, DE 19703-2580 Tel: 800-499-7242 • Fax: 302-765-2088 • Web: www.foxpointprg.com

GENERAL LIABILITY INSURANCE SUPPLEMENTAL APPLICATION

THIS SUPPLEMENTAL FORM IS TO BE COMPLETED BY THOSE APPLICANTS SEEKING GENERAL LIABILITY COVERAGE IN ADDITION TO PROFESSIONAL LIABILITY INSURANCE. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

Α	Name of Applicant							
	Business Address							
	City				State	Zip		
В	Please provide a brief desc							
С	What limits of liability are b	eing sought?		Desi	red effective date _	/_	/_	
D	Is the Applicant's business	operated out of his/her	r home?				🗌 Yes	☐ No
Ε	Other than the business ac Applicant's business own c							
F	What best describes the A	pplicant's ownership st	ructure?		ole Proprietor 🔲 P	artnership	o 🗌 Corp	oration
	Other (describe):							
G	How many staff are curren	tly employed? Full-time	e	Part-time _	Temporary	·	TOTAL	
Н	Does the Applicant supply, documents, and reports an If "Yes", are the products puthese products account for	e not considered tangit rovided limited to those	ole goods <i>manufad</i>)?	ers and do the total s	sales from	n	☐ No
I	Does the Applicant current	· · · · · · · · · · · · · · · · · · ·						
	COMPA	ANY	L	IMITS	DEDUCTIBL	E	PREMI	JM
			\$		\$	\$		
	EXPIRATION DATE	RETRO DATE						
	/ /	/ /						
K	Has any prior General Liab Has the Applicant had any of any circumstance which For the next 12 months, wh and its employees (do not	General Liability claims might reasonably be e nat is your estimated pa	s in the p xpected t ayroll exp	ast five years to give rise to ense for the A	, or have knowledge a claim?	/informati 	on	□ No
AF OE DIS	IE APPLICANT WARRANTS RE TRUE AND COMPLETE BLIGATE THE COMPANY TO IS SCOVERY THAT THE POLICY IE FACTS MATERIAL TO THE	THIS APPLICATION SSUE A POLICY. SUCH F Y WAS OBTAINED THRO	DOES NO POLICY M DUGH A F	OT BIND THE AY BE CANCE RAUDULENT	APPLICANT OR TH LLED BY THE COMPA STATEMENT, OMISS	E COMPA ANY FROM	NY, NOR E I INCEPTIO	OES IT N UPON
Da	ate//	Applicant's Author	ized Sign	ature				