



2 Waterside Crossing, Suite 102, Windsor, CT 06095 phone 860.903.0000 fax 860.903.0001 www.businessriskpartners.com

1. Applicant (full legal name): _____
Contact Person: _____
Street: _____
City, State, Zip: _____
Telephone: _____ E-mail: _____ Website: _____

2. Please list up to 5 states where the Applicant provides professional services: _____

3. Please indicate the Applicant's gross revenue for the following fiscal years:
Current Year: _____ Last Year: _____ Projected: _____

4. How many years has the Applicant been in business? _____
*If less than 2 years, please describe the specific home inspector training that has been completed (please provide the name of training school, hours completed and/or copy of the certificate of completion if applicable): _____

5. How many inspections annually does the Applicant perform (projected if new business)? _____

6. Please indicate the average value of homes inspected annually? _____

7. Does the Applicant inspect homes valued at over \$750,000? Yes [] No [] If Yes, how many annually: _____

8. Does the Applicant inspect historic/land mark homes? Yes [] No [] If Yes, how many annually: _____

9. Does the Applicant utilize standardized reporting software? Yes [] No []
A) If Yes, please list the software used: _____
B) If Yes, what type is used: Narrative [] Checklist [] Verbal []

10. Does the Applicant include digital photographs with inspection reports? Yes [] No []
If No, explain why not and if plans to include in the next 12 months: _____

11. What percentage of the Applicant's revenue is derived from the following?
A) Residential Inspections: _____% B) Commercial Inspections: _____%
*Must equal 100% noting if commercial exceeds 49% we can not offer terms

12. How many employees (do not include independent contractors) provide home inspections? _____

13. How many independent contractors provide home inspection services? _____

14. Does the Applicant want coverage for these independent contractors? Yes [] No []
If Yes, please list the first/last name of each, how long they have been inspecting and the average number of inspections performed annually: _____

14A. If Yes, does Applicant verify the qualifications of independent contractors annually? Yes [] No []

14B. If Yes, does Applicant review and monitor work performed by independent contractors? Yes [] No []

15. If the Applicant uses Independent Contractors, but does not want coverage for them, do they require them to carry/maintain their own E&O insurance? Yes No
16. How often does the Applicant obtain a signed contract/pre-inspection agreement with clients?
All of the time Most of the time Some of the Time Never
17. Does the Applicant's signed contract/pre-inspection agreement contain a Limitation of Liability provision? Yes No
18. Is the Applicant engaged in any other business or profession other than Home Inspections? Yes No
If Yes, please describe services and include estimated annual revenue:

19. Does the Applicant currently belong to ASHI (American Society of Home Inspectors)? Yes No
If Yes, please provide your ASHI number (*we cannot provide a discount without a valid number).
ASHI Certified Inspector #: _____ ASHI Associate #: _____
20. List any other industry associations and/or membership affiliations for your company below:
NAHI InterNACHI Other Please describe: _____
21. Have any of the Applicant's Owners, Directors, Officers or Employees ever been the subject of disciplinary or criminal actions as a result of their professional activities? Yes No If Yes, please complete a Claim Supplemental.
22. Have any Professional Liability claims been made against the Applicant, Applicant's Owners, Principals, Directors, Officers or Employees in the past 5 years? Yes No If Yes, please complete a Claim Supplemental for each claim.
23. Does the Applicant, Applicant's Owners, Principals, Directors, Officers or Employees have knowledge or information of any act, error or omission which might reasonably give rise to a claim against the Applicant or its Predecessors in business? Yes No If Yes, please complete a Claim Supplemental for each claim.
24. Has the Applicant had any General Liability Claims paid, reserved, or pending during the last 5 years? Yes No
If Yes, please provide a 5 year GL loss run and complete a Claim Supplemental for each claim.
25. Please provide any additional information we may find helpful in evaluating your risk. In addition, please indicate any special coverage requests and attach any necessary documentation.

26. In order to best meet your coverage needs, please provide information about your current E&O policy:
- ❖ Current carrier _____
 - ❖ Limit per claim/aggregate _____
 - ❖ Retention/deductible _____
 - ❖ Retroactive date _____
 - ❖ Annual premium _____
 - ❖ Current Expiration _____
27. Has your professional liability insurance ever been declined, cancelled or refused? Yes No
If Yes, please describe and attach any necessary details: _____

28. How did you hear about Business Risk Partners (check all that apply)?
- ASHI Website BRP Website Franchise ASHI Reporter Referral
 - Expo / Convention Web search engine Training Institute Other (please explain) _____

NOTICE TO APPLICANT: PLEASE READ CAREFULLY. Warranty: The undersigned warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the insurers as soon as possible any material changes in the circumstances of the applicant's business including, but not limited to size of the firm, the area of business engaged in by the firm and the information contained on each supplemental application submitted by the applicant.

Signature _____
Title _____
Date _____