



Home Inspectors Supplemental Application

THIS APPLICATION IS NOT A BINDER

1. How many years of experience does the Applicant have as a Home Inspector? _____
2. Please indicate the states in which the Applicant or Staff as individuals is licensed/certified?
If NONE, so state.

3. Do you obtain client/customer signatures on your Pre-Inspection Agreement before every inspection?
() YES () NO
4. A. For categories listed below, please indicate the percentage of referral sources for your Home Inspection business?
Sellers _____% Real Estate Agent _____% Internet _____% Buyers _____%
Telephone Yellow Pages _____% Repeat Business _____% Other _____%
B. What is the maximum percentage of referral business from any one source? _____%
C. Please identify this source and provide details.

5. Does the Applicant provide additional services for the properties they have inspected?
() YES () NO
If YES, please identify the additional services that are performed.

6. Is the Applicant, any Employee or anyone that provides services on behalf of the Applicant an Architect or Engineer?
() YES () NO
7. A. Do you inspect any new construction?
() YES () NO
B. If YES, how many new construction properties were inspected in the past 12 months?

C. How much revenue from new construction inspections?

8. A. Do you inspect commercial property?
() YES () NO
B. If YES, how many commercial properties were inspected in the past 12 months?

C. How much revenue from commercial inspections?

9. Is there General Liability coverage in force?
 YES NO

If YES, please provide details.

Company: _____ **Limit:** _____ **Policy Term:** _____

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions insurance.

Name of Applicant

Date

Signature of person authorized to execute on behalf of the Applicant

SA041 MPL 4.2013

HCC Specialty 37 Radio Circle Drive Mount Kisco, New York 10549 main (914) 241 8900 facsimile (914) 241 8098 hccspecialty.com
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