

APPLICATIONS AND INQUIRIES TO:

The ALIA Team at Riverton Insurance Agency Corp
PO Box 236, Riverton, NJ 08077

Phone: 800.882.4410; Fax 858.273.8026

Email: apps@aliains.com

**HOME INSPECTORS PROFESSIONAL
LIABILITY INSURANCE APPLICATION**

NOTICE: THIS IS A CLAIMS MADE POLICY. COVERAGE IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

NOTICE: THE LIMITS OF LIABILITY AVAILABLE UNDER THIS POLICY SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE EXPENSES OR DAMAGES OR BOTH.

Please answer all questions, and verify that all information is true and complete to the best of your knowledge. The application is a warranty to the policy. Sign and date the application.

Application Instructions:

1. Please type or complete the application in ink, or use Adobe fill-in form if available.
2. If additional space is needed, please use your firm's letterhead.

To support your submission, please include:

1. A copy of the Applicant's pre-inspection agreement
2. Copies of licenses, if licensed by state.
3. Copies of loss runs for past 5 years.

General Applicant Information

RENEWAL OF: _____ NEW BUSINESS

1. Full Legal Name of Applicant (Business Name): _____

DbA (if applicable): _____

2. Mailing Address: _____

3. City: _____ County: _____ State: ____ Zip Code: _____

4. Desired Effective Date of Coverage ____/____/____
MM DD YR

5. # of Years Established in Home Inspector Business: _____ *

**If less than 3 years, attach resumes of the Applicant's principals or key personnel*

6. Contact Name: _____ Phone Number: _____

Email address _____

7 _____ /Sole Proprietor LLC
Other _____

Operations

8. Description of Operations:

9. Does the Applicant control, own, or engage in any other business? Yes No
If YES, please explain: _____

10. Is Applicant controlled, owned, or managed by any other person, partnership, or corporation? Yes No
If YES, please explain: _____

11. Is the Applicant a franchise operation? No Yes; franchise name _____

12. Is the Applicant a member of any of the following professional organizations?
• National Association of Certified Home Inspectors (NACHI)
• American Society of Home Inspectors (ASHI)
• National Association of Home Inspectors (NAHI) Yes No

13. Does the applicant's operating procedure require a signed pre-inspection agreement prior to performing a home inspection? *Attach sample copy with application* Yes No

14. a. Does the Applicant contract to perform lead abatement work? Yes No
b. Does the Applicant contract to perform fungi/mold abatement work? Yes No

15. While Home inspections utilize knowledge of building codes, are any inspections performed to verify compliance with building codes? Yes No

If Yes; answer a-c below:

a. % of revenue derived from code compliance inspections: _____ %

b. Describe nature of code compliance inspections provided:

c. List the clients for whom you perform code compliance inspections.

16. List of Inspectors:

Name	Years Experience	Check if licensed
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Attach separate list if necessary.

17. Does the Applicant require any independent contractors performing work for them to carry their own Error and Omissions Insurance? Yes No

Note: This insurance does not extend coverage to independent contractors.

18. Complete table showing revenues and number of inspections by class shown:

	Last 12 Months		Projected Next 12 Months	
	\$ Gross Income	# of Inspections	\$ Gross Income	# of Inspections
RESIDENTIAL PROPERTIES				
Single-family residences, Apartments/condos, and any other residential property.	\$		\$	
COMMERCIAL PROPERTIES				
A. Mercantile, commercial apartments/condos, office or services (except restaurants) where building is less than 100,000 square feet.	\$		\$	
B. Mercantile, commercial apartments/condos, office or services (except restaurants) where building is greater than 100,000 square feet.	\$		\$	
C. Restaurants	\$		\$	
D. All other property (Describe: _____)	\$		\$	
TOTALS:	\$		\$	

The policy contains the following definition of Home Inspection Services covered:

Home Inspection Services means the visual examination of readily accessible systems components of a home and preparation of the Home Inspection Report generated as a result of such examination for any of the following properties:

1. Residential homes, apartments or condominiums; or
2. Commercial or industrial buildings where:
 - a. The inspected building is less than 100,000 square feet in area; and
 - b. The inspected building's occupancy is either:
 - (1) mercantile,
 - (2) commercial apartment or condominium,
 - (3) office or
 - (4) any service other than a restaurant.

Home inspection services does not include:

- i. any architectural or engineering inspections or services; or
- ii. any abatement, remediation, restoration or repair work

By signature on this application, the applicant acknowledges the insurance is limited to these services.

Prior Coverage

19. Does the Applicant currently carry Professional Liability Coverage? Yes No

If yes, indicate the current retroactive date ____/____/____ and attach copy of your expiring declaration page. MM DD YR

20.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/ Retention	Premium

History

21. Has any application or policy for similar professional liability insurance on behalf of the Applicant, partners, officers or employees or on behalf of predecessors in business ever been declined, cancelled, or renewal refused? **MISSOURI APPLICANTS NEED NOT REPLY.**
 No Yes; *please attach details*
22. In the past five years, has any professional liability, claim or suit or any disciplinary action been made against the applicant or predecessor firms?
 No Yes; please attach claim supplement for each claim.
23. Is the Applicant aware of any circumstance, incident or complaint which may lead to the filing of a claim or disciplinary action against the Applicant?
 No Yes; please attach claim supplement for each circumstance, incident or complaint.

Requested Limits, Coverages & Endorsements

24. **LIMITS OPTIONS (Professional Liability (Errors & Omissions) Coverage**

- \$100,000/\$100,000
- \$250,000/\$250,000
- \$300,000/\$300,000
- \$500,000/\$500,000
- \$1,000,000/\$1,000,000

25. **DEDUCTIBLE OPTIONS**

- \$1,500 \$2,500 \$5,000 Other \$ _____

26. If the following **optional** Coverages are available, does the Applicant wish to purchase:

- | | |
|---|--|
| Premises Liability Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional Insured – Grantor of Franchise | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limited Wood Destroying Organism Coverage- \$100,000 sublimit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limited Radon or Natural Gases Coverage- \$100,000 sublimit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limited Lead or Lead Byproducts Coverage- \$100,000 sublimit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, are you certified as a lead inspector? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limited Carbon Monoxide Coverage- \$100,000 sublimit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limited Septic/Water Purification Testing Coverage-\$100,000 sublimit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limited Fungus and Mold Coverage- \$100,000 sublimit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, are you certified as a fungus & Mold inspector? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limited Swimming Pool/Hot Tub Coverage- \$100,000 sublimit | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Reminder: Based on the application, please include the following with your application:

- *A copy of the Applicant's pre-inspection agreement*
- *Copies of your home inspectors licenses, where state requires licensing.*
- *If less than 3 years in business, resumes of the Applicant's principals or key personnel*
- *For new business, copies of loss runs for past 5 years*
- *Claims Supplements if answered "Yes" to questions 22 or 23.*
- *Any additional details required based on your responses.*

Representations

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURANCE COMPANY 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 IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD INSURANCE BE PROVIDED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE INSURANCE.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT (1) THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE, AND (2) IF THE INFORMATION SUPPLIED IN THIS APPLICATION OR SUPPLEMENTAL APPLICATIONS CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AGREEMENT TO BIND THE INSURANCE. FURTHERMORE, SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THIS INSURANCE.

IF INSURANCE IS PROVIDED THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED AT THE TIME OF DELIVERY.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF INSURANCE IS PROVIDED, THIS SIGNED STATEMENT WILL BE INCLUDED.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses and, in such event, the Company shall not be liable for the costs of defense expenses or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied to the deductible amount.

Signature of Owner, Partner or Principal of Applicant

Applicant's Printed Name

Title

Date

Agent/Producer Name

License #

Date

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE

PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.