

The ALIA Team at Riverton Insurance Agency Corp

PO Box 236, Riverton, NJ 08077

Phone: (800) 882-4410

Applications can be sent via:

Email: apps@aliains.com Fax: (858) 273-8026

Inspectors General and Professional Liability Renewal Application

Company Name: _____

Company Address (including city, state, zip): _____

Contact Name: _____ Phone No.: _____

Fax No.: _____ E-mail Address: _____

Web site Address: _____ Expiring Policy Number: _____

1. Total Number of Employees: _____

2. Number of inspections performed annually: _____

3. Revenues: Current Year _____ Last Year _____ Projected _____

4. Has there been a change in the mix of business over the past year? Yes No

If "yes," please complete the following types of inspections as a percentage of total revenue:

| | | | |
|--------------------------|---|--|---|
| Residential Inspections | % | Lead Inspections | % |
| Commercial Inspections | % | Termite Inspections | % |
| Radon Inspections | % | Mold Inspections | % |
| Pool/Spa Inspections | % | Construction Draw Inspections | % |
| Septic Inspections | % | Wind Mitigation Inspections | % |
| Energy Audit Inspections | % | Infrared Thermography (IF) Inspections | % |
| Water Quality Testing | % | 4-Point Inspections | % |
| HUD Inspections | % | Code Compliance Inspections | % |

5. Other than those services listed in Question 4., are there any other changes in operations over the past year? Yes No

If yes, please explain: _____

6. Are you aware of any act, error, omission or other circumstances which might result in a claim being made against you, your firm, any current or past partner, officer, owner or employee of the applicant? ... Yes No

If yes, please provide details on the attached claim supplement form.

7. Indicate below any optional coverage desired:

- Termite Inspections (Limit desired): \$100,000/\$100,000 \$250,000/\$250,000 500,000/\$500,000
- Lead Inspections—\$100,000/\$100,000 limit Mold Inspections—\$100,000/\$100,000 limit
- Inland Marine Property

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

NOTICE TO APPLICANT—PLEASE CAREFULLY READ THE FOLLOWING:

FRAUD WARNING: 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. **Not applicable in Nebraska, Oregon and Vermont.**

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 in the third degree.

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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): 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 NEW YORK APPLICANTS (Other than automobile): 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.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

SUBMIT THIS APPLICATION TO:
apps@aliains.com or Fax to (858) 273-8026

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.