



# HOME INSPECTORS ERRORS & OMISSIONS INDICATION FORM

Please fax this form to Michele Dinneen at 508-656-1399, or email to [micheled@naplia.com](mailto:micheled@naplia.com)

Applicant Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Type of Business:  Individual  Corporation  LLC  Partnership  
 Franchisor Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 FEIN Number: \_\_\_\_\_

Projected Annual Revenue: \$ \_\_\_\_\_ Prior Year Annual Revenue: \$ \_\_\_\_\_

Total Revenue from Commercial Inspections : \$ \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Inspectors: \_\_\_\_\_

Professional Associations:  ASHI  NAHI  NACHI  Other: \_\_\_\_\_

Is a Pre-Inspection Agreement Signed 100% of the time?  Yes  No

Does Applicant Provide services outside the scope of Home Inspection?  Yes  No

Within the past five years, has any E & O claim or suit been made against the applicant or predecessor firm?  Yes  No

If yes, when: \_\_\_\_\_  
 Details: \_\_\_\_\_

Claim Amount: \$ \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

Does Applicant currently have liability insurance?  Yes  No

If yes, Please attach a copy of expiring declarations page

How many years of continuous coverage? \_\_\_\_\_ Company: \_\_\_\_\_

**Requested Policy Limits (each occurrence/aggregate):**

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

**Requested Deductible:**

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



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### Optional Coverage Desired:

North American Professional Liability Insurance Agency, LLC (NAPLIA) specializes in providing Errors & Omissions Insurance for Home Inspectors. We represent the best interest of our clients (you) and, therefore, work with multiple carriers to ensure the best solution for your firm. Several of our carriers offer the optional coverage listed below. Please check those options which are relevant to your business.

- 
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| General/Premises Liability                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Franchisor Endorsement                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, name of Franchise: _____                             |                              |                             |
| Wood Destroying Organisms/Termites                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Radon Inspections/Sample Collections                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Real Estate Referral Endorsement                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pool / Spa   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Septic and Water Purification Testing                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Carbon Monoxide Testing                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mold Testing (please provide evidence of Mold Certification) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lead Testing (please provide evidence of Lead Certification) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*NAPLIA does not guarantee the availability of the above coverage. If coverage is provided it will be listed on your quotation. Only the actual policy form can provide exact policy coverage, condition, and exclusions.*

The information provided here is true and accurate to the best of my knowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If your company has been established for less than 3 years, please submit copy of your resume or, complete page 3.**

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*If your company has been established for less than 3 years please complete.*

## RESUME FOR HOME INSPECTORS (If you do not have a formal resume, please use this form)

### Current Employment

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Years of Employment: \_\_\_\_\_

### Previous Employment

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Years of Employment: \_\_\_\_\_

### Previous Employment

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Years of Employment: \_\_\_\_\_

Any Training & Certifications, please list below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership to Associations, please list below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_