



HOME INSPECTORS ERRORS & OMISSIONS INDICATION FORM

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
- How many years of continuous coverage? _____ Company: _____

- **Requested Policy Limits (each occurrence/aggregate):**
 - \$100,000/\$100,000 \$300,000/\$300,000
 - \$100,000/\$500,000 \$500,000/\$500,000
 - \$250,000/\$250,000 \$500,000/\$1,000,000
 - \$250,000/\$500,000 \$1,000,000/\$1,000,000

- **Requested Deductible:**
 - \$1,500 \$2,500 \$5,000

- **Optional Coverage Desired:**
 - General/Premises Liability Yes No
 - Franchisor Endorsement Yes No
 - If yes, name of Franchise: _____
 - Wood Destroying Organisms/Termites Yes No
 - Radon Inspections/Sample Collections Yes No
 - Real Estate Referral Endorsement (no charge) Yes No
 - Pool / Spa Yes No
 - Septic and Water Purification Testing (no charge) Yes No
 - Carbon Monoxide Testing (no charge) Yes No

Please fax this form to Michele at 508-656-1399, or email to micheled@naplia.com