

**North American
Professional Liability Insurance Agency, LLC**

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www.naplia.com

1. Applicant Name: _____
dba Company Name: _____
 2. Contact Person: _____
 3. Address: _____
 4. City: _____
 5. State: _____ Zip Code: _____
 6. E-mail: _____
 7. Telephone: _____
 8. FEIN Number: _____
 9. Number of Inspectors: _____
 10. Projected Annual Revenue: \$ _____
 11. Total Revenue from Commercial Inspections: \$ _____
 12. Year Established: _____
 13. Prior Year Total Gross Revenue: \$ _____
 14. Is a Pre-Inspection Agreement Signed? Yes _____ No _____
 15. Does applicant provide services outside the scope of Home Inspection?
Yes _____ No _____
 16. What Professional Associations does the applicant belong to?

 17. Insurance History: Current Insurance Company: _____
Expiration Date: _____
Retroactive Date of Current Policy: _____
Please check: Occurrence Form _____ Claims Made _____
 18. Requested Policy Limits: _____ / _____
Deductible: _____
 19. Optional Coverage you desire:
Premises Liability: Yes _____ No _____
Wood Destroying Organisms/Termite: Yes _____ No _____
Radon Inspections/Sample Collections: Yes _____ No _____
Referral Endorsement available at no charge: Yes _____ No _____
 20. Franchisor Name: _____
 21. Add Additional Named Insured: _____
 22. Within the past 5 years, has any E & O claim or suit been made against the applicant or predecessor firm? Yes _____ No _____
If yes, when: _____ details: _____
- Claim amount: \$ _____

Please fax or e-mail this form to Michele at 1-508-656-1399 or e-mail:
micheled@naplia.com

North American Professional Liability, E & O Provider