

**Superior Insurance Services, Inc.**

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Suite 200  
Plano, Texas 75074

Office 972-325-2244

www.superiorinsuranceinc.com

**Home Inspector's Errors & Omissions Insurance Application**

Applicant's Name

Business Name

Business Address

City

State

Zip

Mailing Address (if different than business address)

City

State

Zip

Phone

Fax

Email

Applicant is :

Individual

Partnership

Corporation

Other

Licensed Inspector's Name  
(as it appears on license)

License Number  
or TREC File ID

Percent of  
Ownership

Years of  
Experience

Years  
Licensed

Is the applicant engaged in any other business other than real estate inspections?

Yes

No

If yes, explain

Does the applicant currently have an Errors and Omissions insurance policy in force?

Yes

No

Expiration Date

Retroactive Date

Company

Has the applicant ever had an E & O policy declined, renewal refused, or cancelled?

Yes

No

If yes, explain

What was the applicant's total gross revenue from inspections for the last 12 months?

How many inspections has the applicant performed in the last 12 months?

How many inspections do you anticipate to perform in the next 12 months?

How many years do you maintain your files?

If your application is accepted by the insurer, what is the requested effective date?

Requested limits

Errors & Omissions coverage	Per Claim	Aggregate	Deductible
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General Liability coverage	Per Claim	Aggregate	Deductible
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Has the applicant or any employee of the applicant ever been subject to disciplinary action by any state agency?	Yes	No
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Have any claims or suits been made against the applicant or any staff member within the last five years?	Yes	No
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After inquiry of EACH person proposed for insurance, is the applicant AWARE of any CIRCUMSTANCE, OMISSION, ERROR or OFFENSE which may result in a claim being made against the applicant or any of applicant's employees?	Yes	No
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If you answered yes to any of the above three questions, please use the area below to describe any known issues that could result in claims, or any claims in progress.

### APPLICANT CERTIFICATION

I **certify** that I have read the questions above, and have answered each truthfully and completely to the best of my knowledge. I **further herein certify** that I understand and agree as follows:

1. This is a **CLAIMS MADE** policy form, and any claim or suspected claim must be reported during the policy period for coverage to be in effect.
2. Each and every loss shall be subject to the **DEDUCTIBLE** stated in the policy declarations.
3. Coverage is only in effect for the **TYPE OF BUSINESS** stated in the declarations.
4. Any material misrepresentations, failure to disclose material facts, or failure to disclose any pre-existing condition or incident may result in denial of coverage and/or rescission of the policy by the company.
5. The policy contains **EXCLUSIONS** for situations not intended for coverage by the company, and it is the responsibility of the applicant to **read the policy**.

By placing the initials of the applicant in the box below, the applicant acknowledges acceptance of the above, and understands that the initials carry the effect of a signature.

Initials

Date

Name of applicant

Title