



Superior Insurance Services
800 Central Parkway East, Suite 200
Plano, TX 75074
972-325-2244
www.superiorinsuranceinc.com

Home Inspector's Errors & Omissions Insurance Application

Applicant's Name

Business name

Physical Address

City

State

Zip

Phone

Fax

Email

Licensed Inspectors

TREC License # or File ID #

Percent Ownership

Years licensed

Y N Is the applicant engaged in any other business other than Home Inspections? If yes, explain

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

Expiration Date

Retroactive Date

Insurance Carrier

Y N Has the applicant ever had an E & O policy declined, renewal refused, or canceled? If yes, explain

What was the total gross revenue in the last 12 months from inspections?

What was the total number of inspections performed in the last 12 months?

How many years do you maintain your files?

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

Requested Errors & Omissions limits Per claim Aggregate Deductible

Requested General Liability limits Per claim Aggregate Deductible

Y N Has the applicant or any listed inspector been subject to disciplinary action by any State Agency?

Y N Have any claims or suits been made against the applicant or any listed inspector in the last five years?

Y N Is the applicant or any listed inspector aware of any issues, circumstances, errors, omissions, or offenses which may result in a claim being made against the applicant, any listed inspector, or the business?

Please describe any recent claims or issues which might result in a claim

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