

Home Inspector's Errors & Omissions Insurance Application

Applicant's Name			Renewal App	p			
Busii	ness na	ame					
Phys	ical Ac	dress					
City				State	Zip		
Phor	e	Fax	Email				
Licensed Inspectors				TREC License # or Fi	ile ID #	Years licensed	
Wha	t was t	ne total gross revenue in the last 12	months? \$				
Wha	t was t	ne total number of inspections perfor	med in the last 12 month	ns?			
Y	Ν	Has the applicant or any listed inspector been subject to disciplinary action by any State Agency?					
Y	Ν	Have any claims or suits been made against the applicant or any listed inspector in the last five years?					
Y resul	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

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.

Date