

HOME INSPECTOR INSURANCE PROGRAMS

For

Professional Home Inspectors
(Including Information and Costs)

Presented by the



Allen Insurance

group

P.O. Box 1439
304 MLK Jr. Dr.
Fort Valley, GA 31030
Toll Free 1-800-474-4472
Fax 1-478-822-9149
www.allenins.com

ALLEN INSURANCE GROUP

Why Choose the Allen Insurance Group?

We have been insuring inspectors since 1992

Simply Superior Service

In House Claims Assistance

Competitive Pricing

Policies you can grow with – all our policies cover multiple inspectors – no need to buy separate policies for each inspector

We speak your language – our Executive Director was a home inspector from 1985 to 2000 – our President was a hands on home builder

Thank You for considering the
Allen Insurance Group

Bob Pearson – Executive Director

“THE HOME INSPECTOR INSURANCE PRIMER”

Why do I need both Professional Liability and General Liability Insurance?

General Liability provides coverage while you are performing the inspection and at your office. You have two exposures while you are performing the inspection: (1) Property Damage -- your ladder falls over and breaks the windshield of the homeowner's auto, (2) Bodily Injury -- your ladder falls over and hits the homeowner's child on the head and the child suffers a permanent injury, this is the exposure for which you really purchase insurance.

Professional Liability provides coverage for actual or alleged errors & omissions in your Inspection Report. Again, you have two exposures: (1) Property Damage - - you miss or allegedly miss a leaking roof, (2) Bodily Injury -- a basement stair riser is several inches different than the rest and you did not note this in your report -- the buyer's child falls down the steps and suffers a serious injury. As you can see, the Bodily Injury exposure is the one with the greatest potential for large claim settlements.

Are separate limits for Professional Liability and General Liability important?

When you have one limit for both types of insurance, you expose yourself to using up your policy aggregate, a large Professional Liability settlement, for one claim, and you have no insurance for another serious General Liability claim.

The Common Law of Business Balance

*It's unwise to pay too much,
but it's worse to pay too little.
When you pay too much
you lose a little - that is all.*

*When you pay too little
you sometimes lose everything,
because the thing you bought was incapable
of doing the things it was bought to do.*

*The common law of business balance
prohibits paying a little and getting a lot,
it can't be done.*

*If you deal with the lowest bidder,
it is well to add something for the risk you run,
and if you do that you will have enough
to pay for something better.*

Author Unknown

Comparing Apples to Oranges Occurrence to Claims-Made Policies

We offer two policy forms - Occurrence and Claims-Made. Both provide protection but you should know that like apples and oranges there are major differences between the two. By understanding the differences between the two you will be a more knowledgeable buyer.

OCCURRENCE COVERAGE

Occurrence coverage has been the traditional form of coverage used to provide liability insurance. Our policy provides coverage for a covered act which takes place during the policy period and for 4 years thereafter.

CLAIMS-MADE COVERAGE

Claims-made coverage was introduced as an alternative form of coverage, and as a way to keep liability insurance available. Under a claims-made policy, coverage is provided for claims which are made and reported to the insurance company during the policy period.

The date you first buy a claims-made policy is called your retroactive date.

As you renew a claims-made policy the retroactive date is the date back to which claims will be covered by the renewed policy.

WEIGHING THE DIFFERENCES

OCCURRENCE COVERAGE

Advantages:

Fixed Cost. Coverage for a policy period is fixed. You need not worry that on renewal your carrier might not be writing Home Inspectors any more or offered a price you cannot afford.

Long-term Protection. Specific policy periods will provide protection into the future.

Mobility. The occurrence policy makes it easier to change insurance companies without additional costs or potential gaps in coverage.

Peace of Mind. If you have an occurrence policy and you need to cancel it, you forget to make a payment and are canceled, your insurance company decides not to renew you, or they decide not to write home inspectors any more you need not worry - you are still covered for 4 more years for inspections performed while the policy was in force.

Disadvantages:

Cost. Initially more expensive than a claims-made policy.

CLAIMS-MADE COVERAGE

Advantages:

Cost. Initially less expensive than an occurrence policy.

Disadvantages:

Future Costs. Should the policy be discontinued by you or your insurance company you will need to buy "extended reporting coverage" (tail coverage) which could be costly.

Less Peace of Mind. If you should miss a payment and your policy is canceled or have a financial setback and need to cancel the policy you have lost all of your coverage for previously insured inspections.

In our opinion an occurrence policy is a vastly superior product for the typical home inspector.

REAL ESTATE AGENTS and BROKERS



**ARE YOU PROTECTED WHEN YOU REFER A HOME INSPECTOR?
YES!**

**When you refer a Home Inspector participating in the NARREP sponsored
Home Inspector Insurance Program**

All Insurance Policies to NARREP Members Have This Endorsement:

LIMITED ADDITIONAL INSURED ENDORSEMENT REFERRALS

Insurers agree to extend coverage provided by this Policy to include the referring Real Estate Agent or Broker, Realtor, Lending Institution, Relocation company and/or Real Estate Attorneys and their agents or employees to indemnify the referring Real Estate Agent or Broker, Realtor, Lending Institution, Relocation Company and/or Real Estate Attorneys and their agents or employees for those sums they become legally obligated to pay by reason of damages arising out of any Occurrence occurring during the policy period, provided all Claims are referred to Insurers for consideration and investigation.

**There is no deductible to the referring party
Why Refer Anyone Else To Do Inspections?**

Your Participating NARREP Home Inspector is:

Important Note

This brochure offers only a brief description of types of insurance coverage available. It is only a summary and is not intended to represent a contract. For complete information, please refer to your policy for specific coverages.

Dear Home Inspector,

You are faced with a difficult decision when purchasing insurance for your home inspection business.

We have nine different policies available:

The following four policies are underwritten by the Liberty Mutual Group and we issue quotes, policies and endorsements in-house so service is unsurpassed. See the next page for information on Liberty Mutual.

Premium – a comprehensive occurrence policy.

Preferred – a comprehensive claims made policy.

Plus – a basic claims made policy (more options than the Standard program below).

Plus New Home Inspector (NHI) – for brand new inspectors.

Also underwritten by the Liberty Mutual Group is our special “Pay Per Inspection” program – a one year policy that covers both E&O and General Liability – Please call for information.

Additionally we have General Liability policies for those desiring just General Liability. Also available are Business Owners Policies which provide coverage for tools, computers and includes General Liability – Please call for information.

We also have the following two policies that are underwritten by Lexington Insurance Company (AIG)
Standard - a basic claims made policy.

Standard New Home Inspector (NHI) - a basic claims made policy.

I strongly recommend as a former home inspector that you consider at least our *Plus* Policy or our **Preferred** Policy. If you purchase our *Plus* Policy, you can later upgrade your policy to our **Preferred** or **Premium** Policy and still be covered for the inspections you performed while under the *Plus* Policy – *at no additional cost!!* (The previous inspections will be covered on a “claims made” prior acts endorsement). This is not true for the Standard Policy.

I understand that cost is a significant factor when making your insurance decision, especially in today’s marketplace. However, by choosing the Standard Policy now, you may save a few dollars today, only to find later you want to expand and offer additional services that are only available under a *Plus*, **Preferred** or **Premium** Policy. Under the Standard Policy, you could also find yourself in a lawsuit involving a situation where you have no coverage because of specific exclusions under the Standard Policy, such as carbon monoxide or well/septic and no ability to at least buy the coverage as you would have had with a *Plus* Policy. Picture yourself in front of a jury defending a lawsuit where a child died due to a cracked heat exchanger (carbon monoxide) – would you want to be on your own? What if the septic system fails after the buyers move in? Even if you exclude septic in your agreement, you will most likely be brought into a claim – the plaintiff’s attorney could care less what is in your agreement and you still have to defend yourself against the claim.

Bob Pearson - Executive Director and Retired Home Inspector

(OUR PRIMARY INSURANCE COMPANY)

**Our financial strength gives
you the confidence of knowing
we'll be here tomorrow.**



www.LIU-USA.com

Founded in 1912, Boston-based Liberty Mutual Group is a diversified international group of insurance companies. Over our long history, Liberty Mutual has remained strong and stable, providing and expanding our product offerings to meet our customers' growing needs.

About Liberty Mutual Group

The company offers a wide range of insurance products and services, including personal automobile, homeowners, workers compensation, commercial multiple peril/fire, commercial automobile, general liability, global specialty products, group disability and surety.

Liberty Mutual Group operates under a mutual holding company structure. As a mutual company, it has no stockholders and is managed for the benefit of its policyholders.

Liberty Mutual Today

- Rated A (Excellent) from the A.M. Best Company for 13 years
- Fifth-largest property and casualty insurer in the U.S.
- In continuous operation since 1912
- Ranked 94th on the Fortune 500 list of largest corporations in the United States
- Total assets of \$105.517 billion and policyholder equity of \$10.808 billion (September 30, 2008)
- More than 45,000 employees in 900 offices worldwide

Liberty International Underwriters

Founded in 1999, Liberty International Underwriters (LIU) is the global specialty lines division of the Liberty Mutual Group. LIU distributes exclusively through the independent broker network and has more than 30 offices worldwide.

LIU's specialty insurance products include casualty, construction, energy, environmental, management liability, marine and professional liability.



LIU Professional Liability

LIU's competitive suite of Professional Liability products includes:

- Lawyers
- Miscellaneous Professional Liability for more than 60 classes of business
- Architects & Engineers
- Insurance Agents & Brokers
- Allied Health
- Dentists
- Real Estate Appraisers
- Accountants
- Financial Services E&O



“We Give You Options” Which is for You?

PREMIUM POLICY

“The SIMPLY SUPERIOR Policy”

PREMIUM COVERAGES - OCCURRENCE FORM

For Experienced Inspectors or New Inspectors who have a construction background.
Minimum of 3 years inspecting and/or construction combined.

PREFERRED POLICY

We call it the “Peace of Mind” policy”

PREMIUM COVERAGES – CLAIMS MADE FORM

For Experienced Inspectors or New Inspectors who have a construction background.
Minimum of 3 years of inspecting and/or construction combined.

PLUS POLICY

Our Low Cost Policy

ENHANCED COVERAGES & OPTIONS – CLAIMS MADE FORM

Minimum of one year in business as an Inspector.

PLUS NEW HOME INSPECTOR POLICY

Our Low Cost Policy for New Home Inspectors

ENHANCED COVERAGES & OPTIONS – CLAIMS MADE FORM

After the first year you will qualify for the regular *PLUS* Policy.

Less than one year in business as an Inspector.

STANDARD POLICY

Lowest cost Policy

BASIC COVERAGES – CLAIMS MADE FORM

Minimum of one year in business as an Inspector.

STANDARD NEW HOME INSPECTOR POLICY

BASIC COVERAGES – CLAIMS MADE FORM

After the first year you will qualify for the Standard policy.

Less than one year in business as an Inspector.

DETAILED PROGRAM COMPARISON

IN HOUSE PROGRAMS

| | Standard & New Inspector (Basic Plan) | Standard <i>Plus</i> New Inspector <i>Plus</i> (Enhanced Basic) | Preferred (Peace of Mind) | Premium (Simply Superior) | Other |
|---|---|---|------------------------------|------------------------------|-------|
| Errors & Omissions | | | | | |
| Standard Features (Included) | | | | | |
| Occurrence form - 4 year claims reporting | No | No | No | Yes | _____ |
| Claims Made form | Yes | Yes | Yes | No | _____ |
| No. of years of optional tail coverage | Three | Three | Three | N/A | _____ |
| Prior Acts available (additional cost) | Yes | Yes | Yes | Yes | _____ |
| Limits separate from the General Liability | No | No | Yes | Yes | _____ |
| Bodily Injury and Property Damage | Yes | Yes | Yes | Yes | _____ |
| Real Estate Agents referral coverage | Yes | Yes | Yes | Yes | _____ |
| Coverage for your Corporation | Yes | Yes | Yes | Yes | _____ |
| Coverage for Inspections including: | | | | | |
| Modular and Mobile Homes | Yes | Yes | Yes | Yes | _____ |
| Commercial & Industrial Buildings (See options for unlimited coverage) | Limited | Limited | Unlimited | Unlimited | _____ |
| Water & Septic (1) | No | Optional | Yes | Yes | _____ |
| Pool and Spas | Optional | Optional | Yes | Yes | _____ |
| Coverage for incidental claims arising | | | | | |
| out of Lead Based Paint, Radon or Termite (2) | No | Yes | Yes | Yes | _____ |
| Coverage for Carbon Monoxide claims (3) | No | Optional | Yes | Yes | _____ |
| Coverage for Log Homes | Yes | Available(4) | Available(4) | Available(4) | _____ |
| Optional Coverages (5) | | | | | |
| Radon Testing | Yes | Yes | Yes | Yes | _____ |
| Termite/Pest Inspections | Yes | Yes | Yes | Yes | _____ |
| Lead Based Paint Testing | No | No | Yes | Yes | _____ |
| 203k Consulting | No | No | Yes | Yes | _____ |
| Draw and/or Code Inspections | No | No | Yes | Yes | _____ |
| Course of Construction Inspections | No | No | Yes | Yes | _____ |
| Insurance Inspections | No | No | Yes | Yes | _____ |
| Energy Audits | No | No | Yes | Yes | _____ |
| Pool and Spas | Yes | Yes | Incl. | Incl. | _____ |
| Unlimited Commercial & Industrial Buildings | No | Yes | N/A | N/A | _____ |

General Liability

| | | | | | |
|---|-------|-------|-----|-----|-------|
| Occurrence form - 4 year claims reporting | No | No | Yes | Yes | _____ |
| Claims Made form | Yes | Yes | No | No | _____ |
| No. of years of optional tail coverage | Three | Three | N/A | N/A | _____ |
| Comprehensive coverage | No | No | Yes | Yes | _____ |
| Coverage limited to inspection site | Yes* | Yes | N/A | N/A | _____ |
| Limits separate from the Errors & Omissions | No | No | Yes | Yes | _____ |
| Coverage at the Inspection Site | Yes | Yes | Yes | Yes | _____ |
| Coverage at Your Office | No | No | Yes | Yes | _____ |
| Bodily Injury and Property Damage | Yes | Yes | Yes | Yes | _____ |
| Personal and Advertising Injury | No | No | Yes | Yes | _____ |
| Premises Medical Payments | No | No | Yes | Yes | _____ |

(*restricted coverage)

Notes:

- (1) You can have a claim made against you even when you are not performing these services
- (2) Coverage is provided when a claim is made against you and you have not performed these services
- (3) Provides coverage for claims such as cracked heat exchangers
- (4) Coverage is available to those who inspect log homes at no additional cost – endorsement required
- (5) Optional coverages require various training, experience, licenses or certification –endorsements required

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time

PREMIUM POLICY

OCCURRENCE FORM

(If you have three years of inspecting or construction)

Typical Premiums

| Limit | 1 Inspector firm | 2+ Inspector |
|-------------------------|---------------------------------------|--------------|
| \$150,000/\$300,000 | \$3315 | \$1600 |
| \$300,000/\$600,000 | \$3645 | \$1600 |
| \$500,000/\$1,000,000 | \$4375 | \$1600 |
| \$1,000,000/\$1,000,000 | Available – Individually underwritten | |

(The above are minimum premiums for experienced inspectors. They apply to firms with receipts up to \$75,000. If your receipts are greater than \$75,000 the cost will be proportionately higher. Cost does not include taxes and fees.)

Standard Features:

“A” Rated Insurance Company

Coverage for your Corporation is included (Very important if you are a corporation)

\$1500 Deductible

Very Broad Inspection Referral Coverage

Coverage for Commercial Inspections

Water and Septic Testing

Carbon Monoxide Claims i.e. cracked heat exchanger

Pool & Spa Inspections

Coverage for Incidental Radon, Termite & LBP Claims

In-House Claims Assistance

24 Hour Quotes

Financing:

Financing is available with a 12.6% downpayment and 9 monthly payments

Options:

| | | | |
|---------------------------------|-------|------------------------|-------|
| Comprehensive General Liability | \$400 | WDO/WDI Inspections | \$500 |
| Radon Testing | \$100 | Lead Based Paint | \$150 |
| 203K | \$250 | Course of Construction | \$100 |
| Code Inspections | \$200 | Draw Inspections | \$100 |

Prior Acts for those who currently have a Claims Made Policy - \$Varies

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time.

PREFERRED POLICY

CLAIMS MADE FORM

(If you have three years of inspecting or construction)

Typical Premiums

| Limit | 1 Inspector firm | 2+ Inspector |
|-------------------------|---------------------------------------|--------------|
| \$150,000/\$300,000 | \$2185 | \$1200 |
| \$300,000/\$600,000 | \$2400 | \$1200 |
| \$500,000/\$1,000,000 | \$2885 | \$1200 |
| \$1,000,000/\$1,000,000 | Available – Individually underwritten | |

(The above are minimum premiums for experienced inspectors. They apply to firms with receipts up to \$75,000. If your receipts are greater than \$75,000 the cost will be proportionately higher. Cost does not include taxes and fees.)

Standard Features:

“A” Rated Insurance Company

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Very Broad Inspection Referral Coverage

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Water and Septic Testing

Carbon Monoxide Claims i.e. cracked heat exchanger

Pool & Spa Inspections

Coverage for Incidental Radon, Termite & LBP Claims

In-House Claims Assistance

24 Hour Quotes

Financing:

Financing is available with a 12.6% downpayment and 9 monthly payments

Options:

| | | | |
|---------------------------------|-------|------------------------|-------|
| Comprehensive General Liability | \$300 | WDO/WDI Inspections | \$400 |
| Radon Testing | \$75 | Lead Based Paint | \$115 |
| 203K | \$185 | Course of Construction | \$75 |
| Code Inspections | \$150 | Draw Inspections | \$75 |

Prior Acts for those who currently have a Claims Made Policy - \$Varies

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PLUS POLICY

CLAIMS MADE FORM

If you have been in business as an Inspector for at least one year

Typical Premiums

| Limit | 1 Inspector firm | 2+ Inspector |
|----------------------------|-------------------------|---------------------|
| \$100,000/\$100,000 | \$1525 | \$1000 |
| \$100,000/\$500,000 | \$1575 | \$1000 |
| \$250,000/\$250,000 | \$1600 | \$1000 |
| \$250,000/\$500,000 | \$1725 | \$1000 |
| \$300,000/\$300,000 | \$1765 | \$1000 |
| \$500,000/\$500,000 | \$1785 | \$1000 |
| \$500,000/\$1,000,000 | \$2025 | \$1000 |
| \$1,000,000/\$1,000,000 | \$2100 | \$1000 |

(Costs are for experienced inspectors. Cost does not include taxes and fees.)

Standard Features:

"A" Rated Insurance Company

Coverage for your Corporation is included (Very important if you are a corporation)

\$2500 Deductible

Agents Referral

Prior Acts for those who currently have a Claims Made Policy.

Financing:

Financing is available with a 12.6% down payment and 9 monthly payments

Options:

On-Site General Liability \$210 – starting at

WDO/WDI Inspections \$500

Radon Testing \$100

Pool & Spa \$260

Water Testing and Septic \$60

Carbon Monoxide \$60

\$1500 Deductible 10% surcharge

Unlimited Commercial Inspections \$60

Prior Acts for those who currently have a Claims Made Policy – Cost Varies.

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time.

PLUS NHI POLICY

CLAIMS MADE FORM

If you have not been in business as an Inspector for at least one year

Typical Premiums

| Limit | 1 Inspector firm | 2+ Inspector |
|----------------------------|-------------------------|---------------------|
| \$100,000/\$100,000 | \$1900 | \$1000 |
| \$100,000/\$500,000 | \$1975 | \$1000 |
| \$250,000/\$250,000 | \$2000 | \$1000 |
| \$250,000/\$500,000 | \$2175 | \$1000 |
| \$300,000/\$300,000 | \$2200 | \$1000 |
| \$500,000/\$500,000 | \$2225 | \$1000 |
| \$500,000/\$1,000,000 | \$2525 | \$1000 |
| \$1,000,000/\$1,000,000 | \$2625 | \$1000 |

(Cost does not include taxes and fees.)

Standard Features:

"A" Rated Insurance Company

Coverage for your Corporation is included (Very important if you are a corporation)

\$2500 Deductible

Agents Referral

Prior Acts for those who currently have a Claims Made Policy.

Financing:

Financing is available with a 12.6% down payment and 9 monthly payments

Options:

On-Site General Liability \$295 – starting at

WDO/WDI Inspections \$500

Radon Testing \$100

Pool & Spa \$295

Water Testing and Septic \$65

Carbon Monoxide \$65

\$1500 Deductible 10% surcharge

Unlimited Commercial Inspections \$65

Prior Acts for those who currently have a Claims Made Policy – Cost Varies.

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time.

STANDARD POLICY

CLAIMS MADE FORM

If you have been in business as an Inspector for at least one year

Typical Premiums

| Limit | 1 Inspector firm | 2 Inspector firm |
|-------------------------|------------------|------------------|
| \$100,000/\$100,000 | \$1545 | \$2495 |
| \$100,000/\$500,000 | \$1630 | \$2565 |
| \$250,000/\$250,000 | \$1655 | \$2615 |
| \$250,000/\$500,000 | \$1770 | \$2800 |
| \$300,000/\$300,000 | \$1795 | \$2845 |
| \$500,000/\$500,000 | \$1815 | \$2875 |
| \$500,000/\$1,000,000 | \$2020 | \$3220 |
| \$1,000,000/\$1,000,000 | \$2090 | \$3340 |

(Costs are for experienced inspectors. Cost does not include taxes and fees.)

Standard Features:

"A" Rated Insurance Company

Coverage for your Corporation is included (Very important if you are a corporation)

\$2500 Deductible

\$50,000 Accidental Death and Dismemberment Policy

Agents Referral

Financing:

Financing is available with a 25% down payment and 11 monthly payments

Options:

On-Site General Liability \$210 – starting at

Pool & Spa \$275

WDO/WDI Inspections \$735

Radon Testing \$150

\$1500 Deductible 10% surcharge

Commercial Inspections 10% surcharge

Prior Acts for those who currently have a Claims Made Policy – Cost Varies.

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time.

STANDARD NHI POLICY

CLAIMS MADE FORM

(If you have not been in business as an Inspector for at least one year)

Typical Premiums

| Limit | 1 Inspector firm | 2 Inspector Firm |
|-------------------------|------------------|------------------|
| \$100,000/\$100,000 | \$1590 | \$2672 |
| \$100,000/\$500,000 | \$1642 | \$2758 |
| \$250,000/\$250,000 | \$1675 | \$2813 |
| \$250,000/\$500,000 | \$1808 | \$3037 |
| \$300,000/\$300,000 | \$1839 | \$3089 |
| \$500,000/\$500,000 | \$1860 | \$3126 |
| \$500,000/\$1,000,000 | \$2106 | \$3539 |
| \$1,000,000/\$1,000,000 | \$2189 | \$3677 |

(Cost does not include taxes and fees.)

Standard Features:

"A" Rated Insurance Company

Coverage for your Corporation is included (Very important if you are a corporation)

\$2500 Deductible

\$50,000 Accidental Death and Dismemberment Policy

Agents Referral

Financing:

Financing is available with a 25% downpayment and 11 monthly payments

Options:

On-Site General Liability \$260 – starting at

Pool and Spa \$275

WDO/WDI Inspections \$920

Radon Testing \$200

\$1500 Deductible 10% surcharge

Commercial Inspections 10% surcharge

Prior Acts for those who currently have a Claims Made Policy – Cost Varies.

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverages are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Costs may vary by State and are subject to change at any time.

 Allen Insurance

g r o u p

Dear Home Inspector,

In order to provide you with a quote, we will need the following information:

- 1) Completed Application and Quote Request Form
- 2) Resume. Our Preferred and Premium policies require 3 years as a home inspector or 3 years of construction experience – this is not a requirement for our *Plus* policies. (Send a resume even if you do not have this home inspection/construction experience as we can consider other experience)
- 3) Copy of your Inspection Agreement
- 4) If currently or previously insured, a Loss Run Report from your Insurance Company and the declarations page of your current policy which shows your current policy period and retroactive date.

We appreciate your interest in our programs

Bob Pearson

QUOTE REQUEST FORM

(RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

Business Name _____

Please select 1 of the following based on your needs

These policies are our most highly recommended programs.

They are not available in AL, AK, AR, DC, LA, MS, NH, NJ, OK, TX, WV or WY.

___ **Premium Policy - Occurrence Form**

___ With General Liability ___ Without General Liability

___ **Preferred Policy – Claims Made Form**

___ With General Liability ___ Without General Liability

___ **PLUS Policy - Claims Made Form**

___ With On-Site General Liability ___ Without On-Site General Liability

___ **PLUS NHI Policy - Claims Made Form**

___ With On-Site General Liability ___ Without On-Site General Liability

The following policies are also available

They are not available in AK, DC, DE, MS, OK or WY.

___ **Standard Policy - Claims Made Form**

___ With On-Site General Liability ___ Without On-Site General Liability

___ **Standard NHI Policy - Claims Made Form**

___ With On-Site General Liability ___ Without On-Site General Liability

Signature: _____

Authorized signature of owner, partner or executive officer

A facsimile signature shall have the same validity as an original subject to the receipt of the original.

Title: _____ Date of Signing: _____

REAL ESTATE INSPECTOR APPLICATION for PROFESSIONAL INDEMNITY (E&O) and GENERAL LIABILITY INSURANCE

Administered by: **Allen Insurance Group**
through its wholly owned subsidiary:

NARREP, Inc. of Georgia a Risk Purchasing Group
304 MLK Jr. Drive P.O. Box 1439 Fort Valley, Georgia 31030
Voice: (800) 474-4472 Facsimile: (478) 822-9149

Please type or print in INK.

Answer all questions, use "NONE" or "N/A" where appropriate, use attachments as necessary. We cannot process incomplete applications.

1. Applicant/Firm information:

Full Business Name: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Location Address: _____

City: _____ St: _____ Zip: _____

Business phone: (_____) _____

Facsimile number: (_____) _____ is this a dedicated fax line? Yes/No

E-Mail Address: _____

Individual to contact: Mr. Mrs. Ms. _____

2. a. Date the real estate inspection business was established: _____

b. Type of entity: Corporation/LLC Partnership Sole Proprietor Other _____

3. List all home inspectors including part-time home inspectors. Coverage is provided only for inspections performed by those listed. Coverage will be provided for independent contractor (IC) home inspectors if included below. (Use attachments as necessary)

| Name | Years of Experience | | | Employee or IC |
|-------|---------------------|-----------------|------------------------|----------------|
| | as an Inspector | in Construction | Architect or Engineer? | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

4. List all other staff and their position. (Use attachments as necessary)

| Name | Position |
|-------|----------|
| _____ | _____ |
| _____ | _____ |

5. Does the applicant/firm:

a. perform any activities other than property inspections? (i.e., Home repairs, Energy Audits, HUD Inspections etc)

Yes/No If **Yes**, describe _____

b. engage in any Architectural or Engineering activities? (i.e. architectural design or analysis; or structural, mechanical, electrical, or civil design or analysis etc)

Yes/No If **Yes**, attach a detailed description of these activities and E&O insurance declaration page(s).

6. Errors and Omissions coverage the applicant/firm has had for the past three years:
 (Attach Copies of Declarations Pages and Insurance Company Loss Runs)

From - To Company Policy Number Policy Limits Premium

7. Please indicate the limit of liability and deductible for which you would like a quotation

a. **ERRORS & OMISSION LIMIT:** Applies to claim expense and indemnity.

(Per Claim/Aggregate all Claims)

\$150,000/\$300,000 \$300,000/\$600,000

\$500,000/\$1,000,000 Other \$ _____

b. **E&O DEDUCTIBLE:**

Applies to each claim and is inclusive of defense costs, claim expenses and indemnity.

\$1,500 \$2,500 \$3,500 \$5,000

c. **GENERAL LIABILITY LIMIT:** Applies to claim expense and indemnity.

Do **NOT** quote General Liability, I/We already have or do NOT desire General Liability Coverage.

Quote General Liability

(Per Claim/Aggregate all Claims)

\$150,000/\$300,000 \$300,000/\$600,000

\$500,000/\$1,000,000 Other \$ _____

Note: A deductible applies to General Liability – details in your quote.

Note: General liability coverage is limited in the *Plus* and Standard policies – details in your quote.

8. Inspection information for Pre-Purchase Inspections **ONLY** (Do NOT include fees from other types of inspections such as Radon Tests, Termite Inspections, etc). (a x b = c)

Last 12 months

Next 12 months (estimated)

a. Number of inspections: _____

b. Average fee per inspection: x _____

c. Total annual inspection receipts: = _____

Please Note: The number of inspections (8a) multiplied by the average fee per inspection (8b) must equal the total annual inspection receipts (8c).

d. Number of inspectors: _____

9. Inspection Information – Complete both columns, each separate column must equal 100%

Sources of Pre-Purchase Inspection fees

Clients

a. One and two family dwellings: _____%

a. Sellers: _____%

b. Multiple family (3-4) dwellings: _____%

b. Prospective buyer: _____%

c. Multiple family dwellings over 4 units: _____%

c. Real estate company: _____%

d. Farms and Ranches: _____%

d. Relocation company: _____%

E. Commercial & Industrial _____%

e. Other: _____%

10. a. Has the name or ownership of the applicant/firm ever changed or has any other business been purchased, merged or consolidated with the firm? Yes/No
- b. Is the firm owned or controlled by any other firm or individual? Yes/No
- c. Does the firm, any owner or officer of this firm, own, engage in, operate, manage or act as a director or officer of any other business? Yes/No

If **Yes** to any question, provide details: _____

11. Have any claims been made against the applicant/firm, its predecessors, present or past owners, directors, officers or employees during the past five years or is the applicant/firm aware of any circumstances, allegations or contentions which could result in a claim(s) being made against the applicant/firm, its predecessors, present or past owners, directors or officers?

Yes/No If **Yes**, complete the enclosed application claim form information for each claim and provide a loss run from the Company providing insurance at the time of the claim.

12. Have any persons or firm proposed for this coverage ever been subject to disciplinary action by any state licensing board, court, regulatory authority, professional association or had their licensed revoked? Yes/No If **Yes**, provide details: _____

13. Has any application for similar insurance on behalf of the applicant/firm or any of its owners, partners, executive officers or directors, or to the knowledge of the applicant/firm on behalf of its predecessors in business, ever been declined, canceled or refused?

Yes/No If **Yes**, provide details: _____

14. What formal training has been completed in real estate inspection by the principals and staff? _____

15. What professional organizations, associations or societies does the applicant/firm belong to? _____

16. Has any person or organization requested 1. A certificate of insurance or 2. to be added to your policy as an Additional Insured? i.e., Franchiser (other than Realtors)

Yes/No If **Yes**, explain: _____

___ Certificate of insurance only or ___ Additional Insured

Attn: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

17. Any hold-harmless agreements entered into by the applicant/firm? (Other than Your Inspection Agreement) Yes/No If **Yes**, enclose a copy of same.

18. What percent of the applicant's/firm's business involves subcontracting work to others (other than listed in question 3?): _____ %

a. Please describe work subcontracted: _____

b. Do you require Certificates of Insurance from subcontractors? Yes/No

19. **a. Enclose a recently completed inspection agreement and inspection report.**

b. Enclose any descriptive brochures being used or No brochures used.

c. Enclose a resume on each real estate inspector with the applicant/firm.

20. **Complete Options Supplement if optional coverage consideration is desired.**

I/We understand and accept that the policy does not provide coverage for: appraising; real estate sales; inspections for compliance with codes or regulations; warranting or guaranteeing the present or future economic value of any home; warranting or guaranteeing the adequacy or performance of any structure, components or system; any engineering analysis; any architectural service; mold or other environmental hazards; course of construction inspections; construction draw inspections; 203k inspections; asbestos; inspections in Alaska, Alabama or Mississippi; estimated construction costs, cost to cure or repair costs; environmental site assessments; inspections for insurance companies; or log homes. Note: Some of these exclusions may be covered by optional endorsements - see optional coverage supplement.

I/We further understand and accept that Termite or WDO/WDI; Lead Based Paint; or Radon claims are not covered by the policy unless you are **NOT** performing such inspections/tests and they are **EXCLUDED** in your inspection agreement and your agreement is signed by your client; or you are performing such inspections/tests and you purchase the optional endorsement for each.

I/We understand and accept that the policy only provides coverage for claims arising out of an inspection for which I/We have a properly completed inspection agreement. The inspection agreement must be the same as provided with the application or as on file with the Company. The agreement must be signed by the client or the client's representative.

I/We understand that defense costs, claims expenses and indemnity shall be applied against the deductible.

Note: The policy contains other exclusions, provisions and conditions. Please read your policy carefully and call your representative if you have any questions.

I/We understand that this application does not bind the applicant/firm, the agent, the general agent or the company to complete this insurance transaction by the issuance of a policy and that the agent, general agent, and the insurance company retain the right to request from you any additional information that is reasonably necessary or required in order to complete this transaction.

I/We hereby warrant that the information contained herein is true and correct and that no material facts have been misstated, omitted or suppressed. I/We understand and accept that this application, attachments and supplements shall be the basis and form a part of the insurance policy, if issued. I/We understand and accept that the Professional Indemnity (E&O) and General Liability sections of the insurance policy, if issued, is written on either an occurrence basis with a four (4) year claim reporting clause or on a claims made basis based in my selection. I/We understand and agree that no coverage will become effective until a written proposal is made, signed by the applicant/firm and returned along with payment in full or required down payment of the premium, taxes and fees quoted.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Signature: _____

Authorized signature of owner, partner or executive officer

A facsimile signature shall have the same validity as an original subject to the receipt of the original.

Title: _____ Date of Signing: _____

PREMIUM and PREFERRED Policy Options

Mark and answer the questions of those options for which a quote is desired, use attachments as necessary.

Business Name: _____

RADON TESTING

1. Type of testing equipment used: _____
2. Describe any consulting performed: _____
3. Does the State in which the tests are performed require licensing?: Yes/No
4. Do you perform remediation?: Yes/No
if **YES** describe: _____
5. Is the laboratory used EPA listed?: Yes/No
6. Estimated number of tests to be performed next 12 months: _____ tests
7. Estimated total receipts for this activity next 12 months: \$ _____

TERMITE INSPECTIONS

1. Describe any consulting performed: _____
2. Does the State in which the inspections are performed require licensing?: Yes/No
3. Do you provide any treatment?: Yes/No
if **YES** describe: _____
4. Estimated number of inspections to be performed next 12 months: _____ inspections
5. Estimated total receipts for this activity next 12 months: \$ _____

203k CONSULTING

1. Are You HUD approved for 203k consulting?: Yes/No
2. Does the State in which consulting is performed require licensing?: Yes/No
3. Are you involved as a contractor in any of the remodeling activities?: Yes/No
if **YES** describe: _____
4. Average remodeling loan value: \$ _____
5. Estimated number of projects to be performed next 12 months: _____ projects
6. Estimated total receipts for this activity next 12 months: \$ _____

LEAD BASED PAINT TESTING

1. Type of testing equipment used: _____
2. Describe any consulting performed: _____
3. I/we understand no coverage is provided by the policy for any risk assessment or remediation consulting activity. Yes/No
4. Does the State in which the tests are performed require licensing?: Yes/No
5. Do you perform abatement?: Yes/No
if **YES** describe: _____
6. Does the laboratory used comply with HUD QA/QC for analysis procedures?: Yes/No
7. Is the lab accredited by the AIHA or AALA?: Yes/No
8. Estimated number of tests to be performed next 12 months: _____ tests
9. Estimated total receipts for this activity next 12 months: \$ _____

CONSTRUCTION DRAW INSPECTIONS for LENDERS

6. Draw inspections performed to generally accepted building practices.

| | Actual Last 12 months | Estimated Next 12 Months |
|--------------------------|-----------------------|--------------------------|
| 2. Number of inspections | _____ | _____ |
| 3. Average Fee | \$ _____ | \$ _____ |
4. Attach sample of contract and report.

PREMIUM and PREFERRED Policy Options - Continued

COURSE OF CONSTRUCTION INSPECTIONS

1. Who are your clients? _____
2. Which is applicable:
 Performed to generally accepted building practices.
 Performed to current code requirements in your area
If so what code is used _____
If so, are you so certified? _____
3. Number of inspections Actual Last 12 months Estimated Next 12 Months
4. Average Fee \$ _____ \$ _____
5. Attach sample of contract and report.

CODE INSPECTIONS

1. Who are your clients? _____
2. Performed to current code requirements in your area.
What code is used _____
If so, are you so certified? _____
3. Number of inspections Actual Last 12 months Estimated Next 12 Months
4. Average Fee \$ _____ \$ _____
5. Attach sample of contract if applicable and report.

Other Options: Call for submission information
Energy Audits.
Call for information.

ATTACHMENTS REQUIRED TO COMPLETE THIS SUPPLEMENT: (if not previously submitted)
Training/experience and nationally recognized association affiliation documentation for each optional coverage.
Samples of testing results, inspections, reports, etc.
Copies of licenses.
Information as required in question 11 of the application (question 6 on the renewal application) regarding claims, etc.

I/We hereby warrant that the information contained herein is true and correct and that no material facts have been misstated, omitted or suppressed.

Signature: _____
Authorized signature of owner, partner or executive officer.
A facsimile signature shall have the same validity as an original subject to receipt of the original

Title: _____ Date of Signing: _____

PLUS Policy Options

Mark and answer the questions of those options for which a quote is desired, use attachments as necessary.

Business Name: _____

RADON TESTING

1. Type of testing equipment used: _____
2. Describe any consulting performed: _____
3. Does the State in which the tests are performed require licensing?: Yes/No
4. Do you perform remediation?: Yes/No
if **YES** describe: _____
5. Is the laboratory used EPA listed?: Yes/No
6. Estimated number of tests to be performed next 12 months: _____ tests
7. Estimated total receipts for this activity next 12 months: \$ _____

TERMITE INSPECTIONS

1. Describe any consulting performed: _____
2. Does the State in which the inspections are performed require licensing?: Yes/No
3. Do you provide any treatment?: Yes/No
if **YES** describe: _____
4. Estimated number of inspections to be performed next 12 months: _____ inspections
5. Estimated total receipts for this activity next 12 months: \$ _____

WATER and SEPTIC TESTING COVERAGE

POOL AND SPA INSPECTION COVERAGE

CARBON MONOXIDE CLAIMS

UNLIMITED COMMERCIAL INSPECTIONS (vs 10,000 sq ft and other limitations)

LIMITED ON-SITE GENERAL LIABILITY COVERAGE – This is an expansion of coverage under the E&O policy.

ATTACHMENTS REQUIRED TO COMPLETE THIS SUPPLEMENT: (if not previously submitted)

Training/experience and nationally recognized association affiliation documentation for each optional coverage.

Samples of testing results, inspections, reports, etc.

Copies of licenses.

Information as required in question 11 of the application (question 6 on the renewal application) regarding claims, etc.

I/We hereby warrant that the information contained herein is true and correct and that no material facts have been misstated, omitted or suppressed. I/We understand and accept that this application, attachments and supplements shall be the basis and form a part of the insurance policy, if issued

Signature: _____

Authorized signature of owner, partner or executive officer.

A facsimile signature shall have the same validity as an original subject to receipt of the original

Title: _____ Date of Signing: _____

STANDARD Policy Options

Mark and answer the questions of those options for which a quote is desired, use attachments as necessary.

Business Name: _____

RADON TESTING

1. Type of testing equipment used: _____
2. Describe any consulting performed: _____
3. Does the State in which the tests are performed require licensing?: Yes/No
4. Do you perform remediation?: Yes/No
if **YES** describe: _____
5. Is the laboratory used EPA listed?: Yes/No
6. Estimated number of tests to be performed next 12 months: _____ tests
7. Estimated total receipts for this activity next 12 months: \$ _____

TERMITE INSPECTIONS

1. Describe any consulting performed: _____
2. Does the State in which the inspections are performed require licensing?: Yes/No
3. Do you provide any treatment?: Yes/No
if **YES** describe: _____
4. Estimated number of inspections to be performed next 12 months: _____ inspections
5. Estimated total receipts for this activity next 12 months: \$ _____

POOL AND SPA INSPECTIONS

ATTACHMENTS REQUIRED TO COMPLETE THIS SUPPLEMENT: (if not previously submitted)

Training/experience and nationally recognized association affiliation documentation for each optional coverage.

Samples of testing results, inspections, reports, etc.

Copies of licenses.

Information as required in question 11 of the application (question 6 on the renewal application) regarding claims, etc.

I/We hereby warrant that the information contained herein is true and correct and that no material facts have been misstated, omitted or suppressed.

Signature: _____

Authorized signature of owner, partner or executive officer.

A facsimile signature shall have the same validity as an original subject to receipt of the original

Title: _____ Date of Signing: _____

APPLICATION CLAIM INFORMATION FORM

Business Name: _____

Instructions:

This claim information form is to be completed by the Applicant/Firm who is making application for Professional Indemnity and General Liability Insurance. The requested information will be held confidential.

Complete a form for each claim.

Please type or print in ink.

1. Claimant: _____

7. ___ Claim ___ Lawsuit ___ Incident

8. Date of Inspection: _____ Date of Claim: _____

9. If **Closed**: Total loss & expenses paid \$ _____
Your deductible \$ _____

If **Open**: Claimants demand \$ _____
Insurers loss & expense reserve \$ _____
Your deductible \$ _____

10. Name of Insurer: _____

11. Description of claim: _____

I/We hereby warrant that the information contained herein is true and that no material facts have been misstated or suppressed.

Signature: _____

Authorized signature of owner, partner or executive officer

A facsimile signature shall have the same validity as an original subject to receipt of the original

Title: _____ Date of Signing: _____