



Robert W. Schmidt & Company
3505 N. 124th Street
Brookfield, WI 53005-2489

Home Inspectors Supplemental Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Professional Liability Errors & Omissions Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER

1. HOW MANY YEARS OF EXPERIENCE DOES THE APPLICANT HAVE AS A HOME INSPECTOR?						
2. PLEASE INDICATE THE STATES IN WHICH THE APPLICANT OR STAFF AS INDIVIDUALS ARE LICENSED/CERTIFIED (if none, so state):						
3. DO YOU OBTAIN CLIENT/CUSTOMER SIGNATURES ON YOUR PRE-INSPECTION AGREEMENT BEFORE EVERY INSPECTION?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. FOR CATEGORIES LISTED BELOW, PLEASE INDICATE THE PERCENTAGE OF REFERRAL SOURCES FOR YOUR HOME INSPECTION BUSINESS:						
Sellers	%	Real Estate Agent	%	Telephone Yellow Pages	%	
Internet	%	Buyers	%	Repeat Business	%	
Other (please describe)						
5. WHAT IS THE MAXIMUM PERCENTAGE OF REFERRAL BUSINESS FROM ANY ONE SOURCE?					%	
<i>Please identify this source and provide details:</i>						
6. DOES THE APPLICANT PROVIDE ADDITIONAL SERVICES FOR THE PROPERTIES THEY HAVE INSPECTED?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please identify the additional services that are performed:						
7. IS THE APPLICANT, ANY EMPLOYEE OR ANYONE THAT PROVIDES SERVICES ON BEHALF OF THE APPLICANT AN ARCHITECT OR ENGINEER?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. DOES THE APPLICANT INSPECT ANY NEW CONSTRUCTION?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, how many new construction properties were inspected in the past 12 months?						
How much revenue is generated from new construction inspections?						
9. DOES THE APPLICANT INSPECT COMMERCIAL PROPERTY?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, how many commercial properties were inspected in the past 12 months?						
How much revenue is generated from commercial inspections?						

10. IS THERE GENERAL LIABILITY COVERAGE IN FORCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide the following details:		
Company		
Limit		
Policy Term		

CERTIFICATION AND SIGNATURE	
It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions insurance.	
Must be signed by a Principal, Partner, Officer or Director	
Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant