



Applicant (full legal name): \_\_\_\_\_

Principal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

1.	A.	B.	C.	D.	E.
	<b>Name of Home Inspector (first/last)</b>	<b>Are they an employee or an independent contractor (circle)?</b>	<b>ASHI Certified Inspector or Associate?</b>	<b>ASHI number is required for discount:</b>	<b>Average # of inspections annually:</b>
		Employee / IC	CI / A / no		

\*Please list additional inspectors on a separate page indicating A, B, C, D and E above\*

2. Gross revenues for the last fiscal year \$\_\_\_\_\_ Projected revenues for next year \$\_\_\_\_\_

3. What percentage of annual revenues are derived from the following home inspections: A. Residential \_\_\_\_\_% B. Commercial \_\_\_\_\_%

4. Does the Applicant include digital photographs with inspection reports?  Yes  No

5. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of disciplinary or criminal actions as a result of their professional activities?  Yes  No

If "Yes", please describe & attach detailed information: \_\_\_\_\_

6. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?  Yes  No

If "Yes", please describe & attach detailed information: \_\_\_\_\_

7. Does the Applicant or any directors, officers or employees have any knowledge of any act, error, omission, or personal injury, which might reasonably give rise to a claim?  Yes  No

If "Yes", please describe & attach detailed information: \_\_\_\_\_

**Notice to Applicant, please read carefully. Warranty:** The applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant. Any person who knowingly and with intent to defraud any insurance company or any 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.

**THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.**

Applicant Name and Title (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date (Mo-Day-Yr): \_\_\_\_\_