



Building Inspection Services Supplement

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

Full Name Of Applicant: _____ Title: _____

Business Name: _____

1. Does the applicant provide the following services?

If yes, provide the percentage of total services provided:

		Percentage
Residential Home Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Residential Building Code Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Commercial Building Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Commercial Building Code Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Construction Draw Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Industrial Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Pest Inspection, including termites or any other wood destroying organisms	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Other (Describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Total:		100%

2. Provide the percentage of the applicant's clients in the following categories:

	Percentage	
Home Purchasers	_____ %	
Mortgage Lenders	_____ %	
Municipality	_____ %	
Other (Describe):	_____ %	
Total:		100%

3. How many inspections does the applicant perform annually? _____

4. Does the applicant use an in-house office policy/procedures manual? Yes No

5. Does the applicant or any person for whom insurance is being requested have any ownership interest in any property being inspected? Yes No

If yes, provide an explanation. _____

6. Does the applicant use a written contract describing the services that will be provided? Yes No

If yes, what percentage of time are these contracts used? _____ %

Attach a copy of the standard contract used.

7. Does the applicant perform any repairs or modifications, or offer construction services? Yes No

If yes, provide details. _____

8. Is the applicant engaged in, owned by or controlled by any other business? Yes No

If yes, provide details. _____

9. As part of this Supplement attach a resume for each inspector and a sample inspection report.

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____