Errors and Omissions Liability and General Liability Insurance

Administered by: HUB International Ontario Limited

Please type or print in ink. Answer all questions, use “NONE” or “N/A” where applicable, use attachments as necessary. We cannot process incomplete applications.

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**Name of Company:**

**Limit of liability required for Errors and Omissions Insurance**

|  |  |  |
| --- | --- | --- |
| **$1,000,000** | **$1,500,000** | **$2,000,000** |

**Deductible Option –** select one:

|  |  |
| --- | --- |
| **Option 1 – $3,500 - First Dollar Defence**  (Applies only if settlement is paid) | **Option 2 – $3,500 - Claims expenses and damages**  (Applies to expenses, defence and settlement) |

**What type of inspections do you conduct:**

|  |  |  |
| --- | --- | --- |
| **Residential** | **Commercial** | **Industrial** |

|  |  |
| --- | --- |
| Do you want coverage for Mold Sampling? | **YES  NO** |
| Do you want coverage for Asbestos Sampling? | **YES  NO** |
| Do you want coverage for Mold/Asbestos Negligence?  (Coverage afforded to allegations of negligence in existence/absence of mold and/or asbestos) | **YES  NO** |
| Do you want coverage for Ozone Testing? | **YES  NO** |
| Do you want coverage for Sewer line inspections? | **YES  NO** |
| Do you want a quote for General Liability coverage? | **YES  NO** |
| Do you need a quote for Property coverage? (Tools or office contents, we will contact you to discuss your needs) | **YES  NO** |

**Where can we send you the quote?**

|  |  |
| --- | --- |
| **Email:** | **Fax #:** |

1. **Applicant Details:**

|  |  |  |
| --- | --- | --- |
| Name of Principal/Owner: | | Date: |
| Full Business Name: | | |
| Mailing Address: | | |
| City: | Province: | Postal Code: |
| Business Phone: | Fax: | |
| Email: | Website: | |

1. **Business Details:**

|  |  |
| --- | --- |
| Date the home inspection business created: |  |
| How many years in the home inspection business: |  |
| Date of association membership inception: |  |

**3. List all other staff ad their positions. (Use attachments if necessary)**

|  |  |
| --- | --- |
| **Name:** | **Position:** |
|  |  |
|  |  |

**4. Does the applicant/firm:**

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| --- |
| 1. Perform any activities other than property inspections (i.e., Home Repairs)?  **YES  NO** 2. Engage in any Architectural or Engineering activities: (i.e., architectural design or analysis; structural, mechanical, electrical, or civil design or analysis)?  **YES  NO**   If yes, attach a detailed description of these activities and E&O insurance declaration page(s)  **COVERAGE WILL NOT BE AFFORDED FOR OPERATIONS LISTED ABOVE.** |

**5. General Liability, Errors & Omissions coverage the applicant/firm has had for the past three years:**

(Please attach copies of Declaration Pages)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Policy Period | Insurance Company | Policy Number | Deductible | Premium |
| E&O |  |  |  |  |  |
| CGL |  |  |  |  |  |

**6. Please provide the following information: Last 12 months Next 12 Month (estimated)**

|  |  |  |
| --- | --- | --- |
| Number of inspections: |  |  |
| Average fee per Inspection: |  |  |
| Total annual inspection receipts: |  |  |
| Number of inspectors: |  |  |

**Sources of Inspection Fees (indicate %) Clients (indicate %)**

|  |  |
| --- | --- |
| 1. One and two family dwellings: 2. Multiple Family (3-4) dwellings: 3. Multiple Family dwellings > 4 units: 4. Farms and ranches: 5. Commercial: 6. Industrial: 7. Mold Sampling: 8. Asbestos Sampling: 9. Ozone: 10. Sewer Line: | 1. Seller: 2. Prospective buyer: 3. Bank: 4. Insurance Co.: 5. Real Estate: 6. Other: |

**7. Please provide the following information:**

|  |  |
| --- | --- |
| 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** |
| Is the firm owned or controlled by any other firm or individual? | **YES  NO** |
| 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 above, please provide details:** | |

1. Have any claims been made against the applicant/firm, its predecessors, present or past owners, directors, officers or employees during the past year? 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 attached claims information form**

1. Have persons of the firm proposed for this coverage ever been subject to disciplinary action by any licensing board, court, regulatory authority, professional association or has had their license revoked?  **YES  NO**

**If yes, please provide details:**

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**10.** What formal training has been completed in home inspection by the principals and staff?

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OAHI | APHIS | HIA – BC | INTERNACHI | PHPIC |
| CANNACHI | ASHI | ONTARIOACHI | BCIPI | NAHI |
| CAPHI |  |  |  |  |

**12.** Do you have a professional HI Designation?  **YES  NO**

|  |  |  |  |
| --- | --- | --- | --- |
| RHI | CMI | CCHI | CMHI |
| NCH | NHI | AHI | PHPI |

1. **Please provide details:**

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| 1. Do you hold an engineering degree?  **YES  NO** |
| 1. Are you a licensed tradesman?  **YES  NO If yes, which trade(s):** |
| 1. Do you teach any Home Inspection Industry Classes?  **YES  NO** |
| 1. Do you sit on any Home Inspection Industry Boards?  **YES  NO** |
| 1. How many inspectors in the firm \*(including principal) are performing Mold Sampling? |
| 1. How many inspectors in the firm \*(including principal) are performing Asbestos Sampling? |
| 1. Any hold-harmless agreements entered into by the applicant/firm? (other than your Inspection Agreement).  **YES  NO** If yes, enclose copy of same |
| 1. What percent of the applicant’s business involves subcontracting work to others (other than listed in question 3):    1. Please describe work subcontracted:    2. Do you require Certificate of Insurance from subcontractors?  **YES  NO**   **If optional mold sampling is required, please complete the mold supplement page.** |
| 1. Do you require Certificate of Insurance from subcontractors?  **YES  NO** |

1. **Non-Owned Automobile:**

|  |
| --- |
| Do you have any vehicles which are not registered to the business, which will be regularly used for business purposes?  **YES  NO** |
| Does the applicant, employees or independent contractors regularly use their vehicle for business use?  **YES  NO** |
| Do any of your employees drive their personal vehicles for company purposes?  **YES  NO**  If yes, do you require them to carry a minimum $1,000,000 automobile liability insurance? **YES  NO** |
| Do you hire, rent or borrow automobiles to be used in your business?  **YES  NO** |
| If yes, please advise types of automobiles hired, rented or borrowed |
| How often? |

I/We understand and accept that the policy does not provide coverage for: appraising, warranting or guaranteeing the present or future economic value of any home or useful life of any part thereof; estimated construction costs or any advice, consultation or guidance on costs, to repair, or cure any defect noted in any inspection report.

I/We understand and accept that the policy ONLY provides coverage for operations of the home inspection services and losses arising

out of an inspection for which there is 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 clients representative.

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 (Errors & Omissions) section of the insurance

policy, if issued, is written on a claims made basis. 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.

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**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 within thirty (30) days**

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**Title: Date of Signing:**

Please be sure to include the following with your application. These items are required to bind coverage.

1. A copy of sample of your inspection report

2. Attach any brochures or literature about your company

3. Attach a copy of your most recent resume

4. Attach a copy of any certificates that have been issued as proof of membership with any association that you listed in question 11.

**ERRORS & OMISSIONS MOLD & ASBESTOS COVERAGE SUPPLEMENT**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business Name: | | | | |
| **Mold Testing:** | | | | |
| Type of testing equipment used: | |  | | |
| Describe any consulting performed: | |  | | |
| Does the province in which the tests are performed require licensing? | | | | **YES  NO** |
| Do you perform remediation? | | | | **YES  NO** |
| Do you send samples to lab for analysis? | | | | **YES  NO** |
| If yes, name of lab: |  | | | |
| Estimated number of tests performed in the next 12 months |  | | Estimated total receipts for this activity in the next 12 months: |  |
|  | | | | |
| **Asbestos Testing:** | | | | |
| Type of testing equipment used: | |  | | |
| Describe any consulting performed: | |  | | |
| Does the province in which the tests are performed require licensing? | | | | **YES  NO** |
| Do you perform remediation? | | | | **YES  NO** |
| Do you send samples to lab for analysis? | | | | **YES  NO** |
| If yes, name of lab: |  | | | |
| Estimated number of tests performed in the next 12 months |  | | Estimated total receipts for this activity in the next 12 months: |  |

**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.**

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 (Errors & Omissions) section of the insurance

policy, if issued, is written on a claims made basis. 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 require down payment of the premium, taxes

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**Title: Date of Signing:**

**CONSENT:**

I hereby give my consent to HUB to produce a certificate of insurance providing proof of insurance coverage to my

association/government body.  **YES  NO**

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**Signature:**

**COMPLETE THIS FORM IF YOU HAVE ANSWERED “YES” TO QUESTION 8**

**If you require more space, please use a separate sheet**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Claimant | Type of Claim | | Date of Inspection | Claim | | Date of Loss | Estimated Loss | Expenses Paid | Name of Insurer |
|  | Claim    Lawsuit  Incident |  |  | Open  Closed |  |  |  |  |  |
| Description of Claim: | | |  | | | | | | |
|  | Claim    Lawsuit  Incident |  |  | Open  Closed |  |  |  |  |  |
| Description of Claim: | | |  | | | | | | |
|  | Claim    Lawsuit  Incident |  |  | Open  Closed |  |  |  |  |  |
| Description of Claim: | | |  | | | | | | |
|  | Claim    Lawsuit  Incident |  |  | Open  Closed |  |  |  |  |  |
| Description of Claim: | | |  | | | | | | |
|  | Claim    Lawsuit  Incident |  |  | Open  Closed |  |  |  |  |  |
| Description of Claim: | | |  | | | | | | |

This claim’s information form is to be completed by the Applicant/Firm who in the past has made claims for Errors and Omission or

General Liability insurance. The requested information will be held confidential. Please type or print in ink.

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

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**Signature:**

#### Authorized signature of owner, partner or executive officer

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**Title: Date of Signing:**