



**APPLICATION FOR
PROFESSIONAL LIABILITY COVERAGE
FOR HOME INSPECTORS**

Return Applications to:
Fox Point Programs, Inc.
3001 Philadelphia Pike, Claymont, DE 19703
Phone: 800-499-7242 • Fax: 302-765-2088
submissions@foxpointprg.com

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

RATES SHOWN BELOW ARE FOR APPLICANTS POSSESSING THE FOLLOWING RISK CHARACTERISTICS:

- Limited To One (1) Home Inspector • No More Than 10% Inspections of High Value Homes (\$1M and Higher)
- Less than 15% Inspections of Commercial/Industrial/Office Locations • No E&O claims over past 5 years
- No Compliance/Code Inspections **NOTE: If All Risk Characteristics Are Not Met, Please Complete Our Full Application.**

STEP 1 - PROFESSIONAL LIABILITY (E&O) - SELECT DESIRED LIMIT AND DEDUCTIBLE:

For Other Limits/Deductible Options or if Radon and/or Termite Coverage is Desired, Please Complete Our Home Inspectors Full Application.

Limit of Liability (Professional Only)	Deductible	Retro Date Inception Premium (Not including taxes/fees)	Prior Acts Premium (Not including taxes/fees)
\$100,000 / \$100,000	\$ 2,500	\$ 750	\$ 925
\$100,000 / \$100,000	\$ 1,500	\$ 825	\$ 1,000
\$100,000 / \$300,000	\$ 2,500	\$ 800	\$ 975
\$100,000 / \$300,000	\$ 1,500	\$ 875	\$ 1,050
\$500,000 / \$500,000	\$ 2,500	\$ 950	\$ 1,150
\$500,000 / \$500,000	\$ 2,500	\$ 1,000	\$ 1,200

STEP 2 - GENERAL LIABILITY - SELECT DESIRED LIMIT AND DEDUCTIBLE:

Limit of Liability (General Liability Only)	As of 07/02/2014, the limits listed at left satisfy the following states requirements:	General Liability Premium (Not including taxes/fees)
\$100,000 / \$100,000	AK,AL,AR,IN,KS,MD,NV,OK	\$ 78.75
\$100,000 / \$500,000	All Above States, plus: PA	\$ 85.84
\$150,000 / \$500,000	All Above States, plus: NY	\$ 89.78
\$250,000 / \$250,000	All Above States, plus: KY,MS,RI,VA,WV	\$ 175.00
\$300,000 / \$300,000	All Above States, plus: FL,LA,OR	\$ 180.00
\$500,000 / \$500,000	All Above States, plus: TN	\$ 225.23

I do not wish to purchase General Liability Coverage

BY CHECKING THIS BOX APPLICANT WARRANTS THAT HE/SHE UNDERSTANDS THEIR STATE REQUIREMENTS REGARDING GENERAL LIABILITY. NO APPLICATION WILL BE CONSIDERED FOR COVERAGE UNLESS THIS WARRANTY HAS BEEN PROVIDED.

STEP 1 PREMIUM + STEP 2 PREMIUM + STATE TAXES/FEES = TOTAL AMOUNT DUE

(\$300 for North Carolina applicants)

PAYMENT OPTIONS: A) Check For Full Amount Due, Payable to **Fox Point Programs, Inc.** B) Completed Credit Card Authorization Form (Attached)

1 GENERAL INFORMATION

Name (as it should appear on the policy) _____
 Business Address _____
 City _____ State _____ ZIP _____ Phone (____) _____
 Contact Name _____ Fax (____) _____
 Email _____ Years in Business _____ Number of Active Home Inspectors: _____

1 GENERAL INFORMATION (con't)

- a How many years of related professional experience does the principal or other key professional employee have? _____ Years
b What percentage of work is performed inspecting commercial, industrial or office locations? _____ %
c What percentage of work is performed involving compliance inspections (codes, regulations, laws, etc.)? _____ %
d What percentage of customers sign either a written contract or agreement for services? _____ %
e What percentage of contracts are reviewed by your legal department or a third party law firm? _____ %
f Does this Applicant have any Subsidiaries? Yes No
g Does more than 50% of your revenue come from a single client? Yes No

If the answer to questions 1f or 1g is "Yes," please explain on a separate sheet.

2 ACQUISITION, MERGER, CONSOLIDATION

- a Is the Applicant owned, controlled or affiliated with any other entity? Yes No
b Has the name of the Applicant ever been changed? Yes No
c Has the Applicant ever been the subject of any merger, acquisition or consolidation? Yes No
d During the past 5 years, has the Applicant or any of its subsidiaries been engaged in any business of professional services other than Home Inspection? Yes No

If the answer is "Yes" to any part of Question 2 above, please explain on a separate sheet.

3 PRIOR INSURANCE

- a Do you currently have an Errors & Omissions Insurance policy? Yes No

If "Yes", specify carrier: _____ Retroactive Date: _____

- b Has any Errors or Omissions Insurance or Professional Liability Insurance issued to the Applicant ever been declined, cancelled or non-renewed? Yes No
c Has any proposed Insured ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No
d Does the person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? Yes No
e After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years? Yes No

If "Yes", please complete a Supplemental Claims Information Form for each.

If "Yes", please complete a Supplemental Claims Information Form for each claim.

If the answer to questions 3b, 3c, or 3d above is "Yes", please explain on a separate sheet.

Applicant's Authorized Signature _____ Date _____

Must be signed by an Owner, Partner, Director or Officer of the Named Insured.
It is agreed the signer has authority to act on behalf of all insureds.

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

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

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.



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GENERAL LIABILITY INSURANCE *SUPPLEMENTAL APPLICATION*

THIS SUPPLEMENTAL FORM IS TO BE COMPLETED BY THOSE APPLICANTS SEEKING GENERAL LIABILITY COVERAGE IN ADDITION TO PROFESSIONAL LIABILITY INSURANCE. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

A Name of Applicant _____

Business Address _____

City _____ State _____ Zip _____

B Please provide a brief description of the services provided by the Applicant: _____

C What limits of liability are being sought? _____ Desired effective date _____ / _____ / _____

D Is the Applicant's business operated out of his/her home? Yes No

E Other than the business address provided in "A" above, now many additional locations does the Applicant's business own or rent?

F What best describes the Applicant's ownership structure? Sole Proprietor Partnership Corporation

Other (*describe*): _____

G How many staff are currently employed? Full-time _____ Part-time _____ Temporary _____ TOTAL _____

H Does the Applicant supply, manufacture, or distribute tangible goods or products (NOTE: brochures, documents, and reports are not considered tangible goods)? Yes No

If "Yes", are the products provided limited to those manufactured by others and do the total sales from these products account for no more than 25% of the Applicant's annual revenues? Yes No

I Does the Applicant currently have a general liability policy in-force? If yes, please provide the following:

COMPANY		LIMITS	DEDUCTIBLE	PREMIUM
		\$	\$	\$
EXPIRATION DATE	RETRO DATE			
/ /	/ /			

J Has any prior General Liability insurance policies been cancelled or non-renewed? Yes No

K Has the Applicant had any General Liability claims in the past five years, or have knowledge/information of any circumstance which might reasonably be expected to give rise to a claim? Yes No

L For the next 12 months, what is your estimated payroll expense for the Applicant and its employees (do not include sub-contractors)? \$ _____

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Date _____ Applicant's Authorized Signature _____