



S&H Underwriters, Inc.

Send To:
FAX 802-229-5669
Quotes@sh-underwriters.com

1. Company Name: _____
Contact Name: _____
Street Address: _____
City, State, Zip: _____
Telephone / Fax: _____
E-mail Address: _____
Website: _____

2. Please list up to 5 states where the applicant provides professional services: _____

3. Please indicate the companies' gross revenue for the following fiscal years:
A) Current Year _____ B) Last Year _____ C) Next Year (projected) _____

4. How many years has the applicant been in business? _____
*If less than 2 years, please describe the specific home inspector training that has been completed (please provide the name of training school, hours completed and/or copy of the certificate of completion if applicable):

5. How many inspections annually does the company perform? _____

6. Please indicate the average value of homes inspected annually? _____

7. Does the applicant inspect homes valued at over \$750,000? Yes No
If yes, how many annually: _____

8. Does the applicant inspect historic/land mark homes? Yes No

9. Does the applicant utilize standardized reporting software? Yes No
A) If yes, please list the software used: _____
B) If yes, what type is used: NARRATIVE CHECKLIST VERBAL

10. Does the applicant include digital photographs with inspection reports? Yes No

11. What percentage of the applicant's revenue is derived from the following? Residential Inspections _____%
Commercial Inspections _____%
12. How many employees (do not include independent contractors) provide home inspection services: _____
13. Please indicate the number of independent contractors providing professional services. _____
14. Does the applicant want coverage for these independent contractors? Yes No
If yes, please list the first/last name of each and the average number of inspections performed annually:

15. If yes, does the applicant verify qualifications of independent contractors? Yes No
16. If yes, does the applicant review and monitor work performed by independent contractors? Yes No
17. If no, will you require them to carry and maintain their own E&O insurance? Yes No
18. How often does the applicant obtain a signed pre-inspection agreement with clients?
All of the time Most of the time Some of the time Never
19. Does the pre-inspection agreement contain a Limitation of Liability provision? Yes No
20. Is the applicant engaged in any other profession other than Home Inspections? Yes No
If yes, please describe services and include estimated annual revenue for each.

21. Does the applicant currently belong to ASHI (American Society of Home Inspectors)? Yes No
If yes, please provide your ASHI number (*we cannot provide a discount without a valid number).
ASHI Certified Inspector # _____
ASHI Associate # _____
22. Have any of the applicant's owners, directors, officers or employees ever been the subject of disciplinary or criminal actions as a result of their professional activities? Yes No
If you answered yes, please describe.

23. Have any professional liability claims been made against the applicant, applicant's owners, principals, directors, officers or employees in the past 5 years? Yes No

If yes, please describe below and attach a detailed explanation on a separate sheet of paper.

24. Does the applicant, applicant's owners, principals, directors, officers or employees have knowledge or information of any act, error or omission which might reasonably give rise to a claim against the applicant or its predecessors in business? Yes No If yes, please attach a detailed explanation on a separate sheet of paper

25. List any other industry associations and/or membership affiliations for your company:

26. Please provide any additional information we may find helpful in evaluating your risk. In addition, please indicate any special coverage requests: _____

27. In order to best meet your coverage needs, please provide information about your current E&O policy:

- ❖ Current carrier _____
- ❖ Limit per claim/aggregate _____
- ❖ Retention/deductible _____
- ❖ Retroactive date _____
- ❖ Annual premium _____
- ❖ Current Expiration _____

28. Has your professional liability insurance ever been declined, cancelled or refused? Yes No

If yes, please describe and attach any necessary details: _____

29. . How did you hear about Business Risk Partners (check all that apply)?

- ASHI Website BRP Website Franchise ASHI Reporter Referral
- Expo / Convention Web search engine Training Institute Other (please explain) _____

NOTICE TO APPLICANT ~ PLEASE READ CAREFULLY. Warranty: The undersigned warrants that the information contained herein is true as of the date 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 changes in the circumstances of the applicant's business including, but not limited to size of the firm, the area of business engaged in by the firm and the information contained on each supplemental application submitted by the applicant.

Signature _____
Title _____
Date _____