



INSPECTION FEE AGREEMENT

I UNDERSTAND THAT THIS POLICY CONTAINS AN INSPECTION FEE AND/OR POLICY FEE THAT IS FULLY EARNED AND NON-REFUNDABLE.

I UNDERSTAND I WILL BE CONTACTED BY AN INSPECTION COMPANY TO CONDUCT EITHER A PHONE INSPECTION, AN INTERIOR AND/OR EXTERIOR INSPECTION OF MY PROPERTY OR BUSINESS OPERATIONS.

I AGREE TO COOPERATE WITH THE INSPECTION PROCESS AND WILL HAVE THE INSPECTION **SCHEDULED WITHIN 21 DAYS** OF THE EFFECTIVE DATE OF MY POLICY. I FURTHER UNDERSTAND THAT NON COMPLIANCE WITH THE INSPECTION PROCESS COULD LEAD TO CANCELLATION OF MY POLICY.

CURRENT CONTACT INFORMATION FOR INSPECTION IS:

NAME _____ PHONE _____

Email: _____

Effective Date: _____

Policy # _____ Inspection/Policy Fee: \$ _____

Name of Account / Business Name

Insured's Signature