



Coverys Specialty Insurance Company

SUPPLEMENTAL APPLICATION – HOME INSPECTORS

1. Name of applicant or insured: _____
2. Is the applicant a franchisee? Yes No
 If "Yes," please provide the full legal name of the franchisor: _____
3. Does the applicant utilize independent contractors? Yes No
 If "Yes," how many independent contractors are utilized?: _____
4. Are all home inspectors licensed where required? Yes No
 If "No," please explain: _____

5. Does the applicant or any firm member hold other professional licenses? Yes No
 If "Yes," please provide details: _____

6. Is the applicant, any employee or anyone that provides services on behalf of the applicant an architect or engineer? Yes No
 If "Yes," please provide the percentage of services performed for new construction: _____%
7. Does the applicant inspect any new construction? Yes No
 If "Yes," please provide the percentage: _____%
8. Is the applicant a licensed general contractor or handyman? Yes No
 If "Yes," does the applicant provide these services to the same property for which they provide inspection? Yes No
9. Annual revenue:

	CURRENT YEAR		MOST RECENTLY COMPLETED FISCALYEAR	
	INCOME	NUMBER OF INSPECTIONS	INCOME	NUMBER OF INSPECTIONS
Residential (1–4 units)	\$		\$	
Residential (over 4 units)	\$		\$	
Commercial	\$		\$	
Other (please explain): _____	\$		\$	
Total	\$		\$	

10. Sources of annual income (percentages of total), must total 100%:

SOURCE	PERCENTAGE OF ANNUAL INCOME
Individual seller/prospective buyer/real estate agency	%
Lender/mortgage company/mortgage broker	%
Developer/investor/syndicator/relocation company	%
Other (please explain): _____	%

11. Does any single client represent more than 25% of the applicant's gross revenue? Yes No

If "Yes," please provide details: _____

12. Is the applicant the exclusive inspector for any real estate agency, developer and/or builder? Yes No

If "Yes," please provide details: _____

13. Is there a pre-inspection agreement signed prior to each inspection? Yes No

If "Yes," please attach a sample.

14. What type of inspection report is used (check all that apply)? Narrative Checklist Verbal

15. What type of computer software is used to generate reports? _____

16. Does the applicant include photographs with all reports? Yes No

If "No," please provide details: _____

17. What professional associations does the applicant belong to? _____

18. Which of the following coverage(s) has been requested (check all that apply)?

- a. Pool and spa inspections Yes No
- b. Infrared thermal inspections Yes No
- c. Mold inspections Yes No
- d. Indoor air quality inspections Yes No
- e. Septic inspections Yes No
- f. Lead paint inspections Yes No
- g. Exterior Insulation Finish Systems (EIFS) inspections Yes No
- h. Green building inspections Yes No
- i. Radon inspections Yes No
- j. Termite / WDI inspections Yes No
- k. Rodent inspections Yes No
- l. Water well inspections Yes No
- m. Wind mitigation inspections Yes No

For all of the above, is the applicant licensed/certified to perform these services? Yes No



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SIGNATURE IN FULL: _____ DATE: _____

PRINTNAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _