

HOME INSPECTOR INSURANCE PROGRAMS

For

Professional Home Inspectors
(Including Information and Costs)

Presented by the



Allen Insurance

g r o u p

P.O. Box 1439
304 MLK Jr. Dr.
Fort Valley, GA 31030
Toll Free 1-800-474-4472
Fax 1-478-822-9149
www.allenins.com

ALLEN INSURANCE GROUP

Why Choose the Allen Insurance Group?

We have been insuring inspectors since 1992

Simply Superior Service - In House Claims Assistance

If you have a claim – Mike Casey with Michael Casey Associates will be your Adjuster!!!!

Policies you can grow with – all our policies cover multiple Inspectors

We speak your language – our Executive Director, Bob Pearson, was a home inspector from 1985 to 2000 – our President was a hands on home builder

INFO ON OUR PREMIER POLICY CLAIMS MADE

Of course we cover:

Errors and Omissions and General Liability – Each with it's own limits

Referral Coverage – (we are the inventors of referral coverage)

Residential and Unlimited Commercial Inspections

Incidental Coverage for Radon, Termite and Lead Based Paint – when not performing the same

Water and Septic Testing

Carbon Monoxide – ie poisoning from

Pool and Spa Inspections

EIFS Inspections

Unlimited In-House Claims Assistance and Risk Management

The following coverage's are included at no additional cost.

RADON TESTING

LEAD BASED PAINT TESTING

TERMITE INSPECTIONS

203K CONSULTING

COURSE OF CONSTRUCTION

CODE INSPECTIONS

DRAW INSPECTIONS

LOG HOME INSPECTIONS

INDOOR AIR QUALITY

ENERGY AUDITS

INSURANCE INSPECTIONS

MOLD TESTING

ASBESTOS TESTING

SENIOR SAFETY INSPECTIONS

INFRARED INSPECTIONS

OCCUPANCY INSPECTIONS

WIND MITIGATION INSPECTIONS

Only Option available – (10% surcharge)

1st Dollar Defense Coverage – If we do not pay your claimant you get your deductible back. (See attached with Application First Dollar Defense Endorsement)

(If you have 3 years inspection OR construction experience) (25% surcharge without experience)

Costs starting at approx. **\$1375 for \$100,000/\$100,000** limits and a \$1500 deductible

15% surcharge for each additional Inspector

FINANCING IS AVAILABLE – 12.6% down with 9 monthly payments. Finance Agreement will be included in quote.

Credit cards are welcome

This is a sample of a brochure that comes with our E&O Policies

REAL ESTATE AGENTS and BROKERS



**ARE YOU PROTECTED WHEN YOU REFER A HOME INSPECTOR?
YES!**

**When you refer a Home Inspector participating in the NARREP sponsored
Home Inspector Insurance Program**

All Insurance Policies to NARREP Members Have This Endorsement:

LIMITED ADDITIONAL INSURED ENDORSEMENT REFERRALS

Insurers agree to extend coverage provided by this Policy to include the referring Real Estate Agent or Broker, Realtor, Lending Institution, Relocation company and/or Real Estate Attorneys and their agents or employees to indemnify the referring Real Estate Agent or Broker, Realtor, Lending Institution, Relocation Company and/or Real Estate Attorneys and their agents or employees for those sums they become legally obligated to pay by reason of damages arising out of any Occurrence occurring during the policy period, provided all Claims are referred to Insurers for consideration and investigation.

**There is no deductible to the referring party
Why Refer Anyone Else To Do Inspections?**

Your Participating NARREP Home Inspector is:

Important Note

This brochure offers only a brief description of types of insurance coverage available. It is only a summary and is not intended to represent a contract. For complete information, please refer to your policy for specific coverages.

This is only a brief description of coverage available under the Policy. The Policy contains limitations and exclusions. Full details of coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

Allen Insurance gives you "LIVE TECHNICAL SUPPORT"

Fast Live Technical Support Available on Your Smartphone

Got a question about a property you are working on? Need the answer fast?

HON PRO is the first ever Live Support for Professionals! Simply pull out your smartphone or go to www.HONProfessional.com and type in your question to get the "Right Answer Right Now"! HON PRO connects you with top professionals in your field who can help you with your work right away. Professionals can get the answers they need before they leave the property. HON PRO is fast.

Now you can get HON PRO Live Technical Support included with your Allen E & O Insurance Policy! HON PRO if purchased online is \$39 a month but if you purchase your professional liability coverage from Allen Insurance Group now, you get HON PRO free! This is a \$468 Live Support service included free.

Powered by COA Support,
the HON PRO App
is simple and fast!



Select the category

Enter your question

Add photos if you like

Submit your question

Once you purchase your insurance from the Allen Insurance Group, a HON PRO Technical Support Service link will be sent to you. Fill out the form to register and create your username and password. Then download the HON PRO App from your app store.

Allen Insurance
group

(800) 474-4472

www.Allenins.com



Available on App Store or Google Play

www.HONProfessional.com

"The Right Answer Right Now" ®

QUOTE REQUEST

(RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

Business Name: _____

Please select coverage to be quoted

These programs are not available in AL, AK, AR, DC, KY, LA, MS, NJ, OK, WV or WY.

___ **Premier Policy – Claims Made Form**

___ **With** General Liability ___ **Without** General Liability

Includes General Liability at no additional charge. If you currently carry a General Liability Policy for home inspection and purchase General Liability with Allen Insurance Group, you will need to cancel your current policy so that you do not carry double coverage.

APPLICATION CHECKLIST

___ **Completed Application and Quote Request Form**

___ **Resume (if you have inspection or construction experience, it must be included on resume)**

___ **Sample of Inspection Agreement and Report**

___ **First Dollar Defense Endorsement Page (if you would like that coverage).**

___ **If currently or previously insured, a Loss Run Report from your Insurance Company and the Declarations Page of your current policy which shows your current Policy Period and Retroactive date.**

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.

Title: _____ Date of Signing: _____

REAL ESTATE INSPECTOR APPLICATION for PROFESSIONAL LIABILITY(E&O) and GENERAL LIABILITY INSURANCE

Administered by: **Allen Insurance Group**
through its wholly owned subsidiary:

NARREP, Inc. of Georgia a Risk Purchasing Group
304 MLK Jr. Drive P.O. Box 1439 Fort Valley, Georgia 31030
Voice: (800) 474-4472 Facsimile: (478) 822-9149

Please type or print in INK.

Answer all questions. Use "NONE" or "N/A" where appropriate. Use attachments as necessary. We cannot process incomplete applications.

1. Applicant/Firm Information:

Full Business Name: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Location Address: _____

City: _____ St: _____ Zip: _____

Business Phone: (____) _____

Facsimile Number: (____) _____ Is this a dedicated fax line? Yes/No

E-Mail Address: _____

Individual to Contact: Mr. Mrs. Ms. _____ D.O.B. __mm__dd

2. a. Date the real estate inspection business was established: _____

b. Type of entity: Corporation/LLC Partnership Sole Proprietor Other _____

3. List all home inspectors including part-time home inspectors. Coverage is provided only for inspections performed by those listed. Coverage will be provided for independent contractor (IC) home inspectors if included below. (Use attachments as necessary)

Name	Years of Experience		Architect or Engineer?	Employee or IC
	as an Inspector	in Construction		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. List all other staff and their position. (Use attachments as necessary)

Name	Position
_____	_____
_____	_____

5. Does the applicant/firm:

a. perform any activities other than property inspections? (i.e., Home Repairs, Energy Audits, HUD Inspections, etc.)

Yes/No If **Yes**, describe _____

b. engage in any Architectural or Engineering activities? (i.e. architectural design or analysis; or structural, mechanical, electrical, or civil design or analysis, etc.)

Yes/No If **Yes**, attach a detailed description of these activities and E&O Insurance Declaration Page(s).

6. Errors and Omissions coverage the applicant/firm has had for the last five (5) years:
- No Prior Insurance
 - Prior Insurance – attach Insurance Company Loss Run(s) for the last five (5) years and a copy of your Insurance Declarations Page stating your Retroactive Date
7. Please indicate the limit of liability and deductible for which you would like a quotation:
- a. **ERRORS & OMISSIONS LIMIT:** Applies to claim expense and indemnity.
 (Per Claim/Aggregate all Claims)
- | | | |
|----------------------|------------------------|--------------------|
| ___100,000/100,000 | ___100,000/500,000 | ___150,000/150,000 |
| ___150,000/300,000 | ___250,000/250,000 | ___250,000/500,000 |
| ___300,000/300,000 | ___300,000/600,000 | ___500,000/500,000 |
| ___500,000/1,000,000 | ___1,000,000/1,000,000 | |
- Note: unless otherwise indicated a \$1,500 deductible applies to each and every claim.
- b. **GENERAL LIABILITY LIMIT:** Applies to claim expense and indemnity.
- Quote General Liability
 - Do **NOT** quote General Liability, I/We already have or do NOT desire General Liability coverage.
- Note: A \$250 deductible applies to General Liability – Property Damage Only

The following coverage's/activities are included at no additional cost – please mark those that you are performing or plan to perform:

- | | |
|---|---------------------------------|
| ___ Radon Testing | ___ Lead Based Paint Testing |
| ___ Termite Inspections | ___ 203K Consulting |
| ___ Occupancy Inspections | ___ Code Inspections |
| ___ Draw Inspections | ___ Log Home Inspections |
| ___ Indoor Air Quality | ___ Energy Audits |
| ___ Insurance Inspections | ___ Mold Testing |
| ___ Asbestos Testing | ___ Senior Safety Inspections |
| ___ Infrared Inspections | ___ Wind Mitigation Inspections |
| ___ Course of Construction to Generally Accepted Building Practices | |
| ___ Course of Construction to Local Building Codes | |

8. Inspection Receipts:
- | | Last 12 Months | Next 12 Months (estimated) |
|--------------------------------------|----------------|----------------------------|
| a. Number of inspections: | _____ | _____ |
| b. Average fee per inspection: | x _____ | x _____ |
| c. Total annual inspection receipts: | = _____ | = _____ |

Please Note: The number of inspections (8a) multiplied by the average fee per inspection (8b) must equal the total annual inspection receipts (8c).

- d. Number of inspectors: _____

9. Inspection Information – Complete both columns, each separate column must equal 100%.

Sources of Pre-Purchase Inspection Fees

- a. One and two family dwellings: _____%
- b. Multiple family (3-4) dwellings: _____%
- c. Multiple family dwellings (over 4 units): _____%
- d. Farms and Ranches: _____%
- e. Commercial & Industrial: _____%

Clients

- a. Sellers: _____%
- b. Prospective Buyer: _____%
- c. Real Estate Company: _____%
- d. Relocation Company: _____%
- e. Other: _____%

10. a. 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
- b. Is the firm owned or controlled by any other firm or individual? Yes/No
- c. 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, provide details: _____

11. Have any claims been made against the applicant/firm, its predecessors, present or past owners, directors, officers, or employees during the past five (5) years, 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, or present or past owners, directors or officers?

Yes/No If **Yes**, complete the following and attach a brief explanation of the claim.

Inspection Date _____ Claim Date _____ Amount Paid _____

12. Have any persons or firm, proposed for this coverage, ever been subject to disciplinary action by any state licensing board, court, regulatory authority, professional association, or had their licensed suspended or revoked?

Yes/No If **Yes**, provide details: _____

13. Has any application for similar insurance on behalf of the applicant/firm or any of its owners, partners, executive officers or directors, or to the knowledge of the applicant/firm on behalf of its predecessors in business, ever been non-renewed, declined, cancelled, or refused?

Yes/No If **Yes**, provide details: _____

14. What formal training has been completed in real estate inspection by the principals and staff? _____

15. List any professional organizations, associations or societies the applicant/firm belongs to: _____

16. Has any person or organization requested, 1) A Certificate of Insurance or, 2) To be added to your policy as an Additional Insured? i.e., Franchisor (other than Realtors)

Yes/No If **Yes**, explain: _____

Certificate of Insurance only and/or Additional Insured

Attn: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

17. Any hold-harmless agreements entered into by the applicant/firm? (other than your inspection agreement) Yes/No If **Yes**, enclose a copy of same.

18. What percent of the applicant's/firm's business involves subcontracting work to others (other than listed in Question 3?): _____ %

a. Please describe work subcontracted: _____

b. Do you require Certificates of Insurance from subcontractors? Yes/No

- b. Enclose any descriptive brochures being used OR No brochures used.
- c. Enclose a resume for each real estate inspector.

I/We understand and accept that the policy does not provide coverage for: appraising; real estate sales; warranting or guaranteeing the present or future economic value of any home; warranting or guaranteeing the adequacy or performance of any structure, components or system; any engineering analysis; any architectural service; inspections in Alaska, Alabama or Mississippi; estimated construction costs, cost to cure or repair costs.

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 and accept that the policy only provides coverage for claims arising out of an inspection for which I/We have a properly completed Inspection Agreement. The Inspection Agreement must be the same as the sample provided with this Application or as on file with the Company. Inspection Agreement must be signed by the client or the client's representative.

I/We understand that this Application does not bind the applicant/firm, the agent, the general agent or the insurance 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 Liability (E&O) and General Liability Sections of the Insurance Policy, if issued, will be 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.

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

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.

Title: _____ Date of Signing: _____

First Dollar Defense Endorsement

- Please mark and return this page with the Application if you would like this coverage included on the quote. This coverage does add a 10% surcharge to the total premium amount before taxes and fees.

Signature: _____
Authorized signature of Owner, Partner or Executive Officer.
A facsimile signature shall have the same validity as an original subject to receipt of the original.

Title: _____ Date of Signing: _____

Explanation of First Dollar Defense Coverage:

The Company shall only be responsible to pay damages which are in excess of the deductible amount stated in the Evidence of Insurance. This deductible shall be borne by the Insured named in the Evidence of Insurance and shall remain uninsured. The Company shall have no obligation to pay any part of the deductible, but the Company shall, at its sole discretion, have the right and option to do so. In the event The Company pays any part of or all of the deductible amount to effect settlement of any Claim, the Insured shall reimburse the Company immediately upon notification by the Company or its representatives of the aforementioned settlement amount. The Company may, at its discretion, require the deductible to be remitted to the Company or its representatives at the time a claim is filed. In the event no damages are paid or the damages paid are less than the deductible, the Company or its representatives shall promptly refund the deductible or the difference, as applicable.

*****If the claimant is not paid, then you do not have to pay.
We will return your deductible*****