

Application for Property Inspection Professional Liability

NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.

Please answer all questions and request for supporting documentation. If there is insufficient space to complete an answer, please provide the complete answer on attached documents. This form must be completed signed and dated by a principal, partner, or officer of the firm.

Note: The insurance for which you are applying is written on a claims made and reported basis. The policy requires that a claim be first made against you during the policy period and reported to the Insurer, in writing, during the policy period or automatic extended reporting period. The policy applied for contains provisions which limit the amount of claim expenses the Insurer is responsible to pay in connection with claims. Claim expenses shall be subject to any deductible amount and the payment of claim expenses will reduce the limits of liability. If you have any questions about coverage, please discuss them with your licensed insurance representative.

Applicant's official business name (to be designated as Named Insured):					
Street Address (official):					
City:		State:		Zip Code:	
Street Address (mailing):					
City:		State:		Zip Code:	
Telephone:		Website:			
Primary Contact:		Primary email:			
1	Date firm was established:		Entity Type:	<i>Sole Proprietorship, Corp. Etc.</i>	
2	Has the applicant ever conducted business under a different name or entity? If "Yes", attached details in a separate document.				
3	Do any other entities, or individuals not employed by your firm, have any ownership interest in the firm? If "Yes," attach a list all owners indicating their percentage of interest.				
4	Is your firm a franchisee? If "Yes", please provide the full legal name of the franchisor:				
5	Does your firm or any KEY PERSONNEL own any interest in any other entity? If "Yes," list the owner, amount of ownership, name of entity, relationship to your firm, nature of activities and the entity's GROSS RECEIPTS during the last complete year.				
6	List the total Number of Personnel				
	Licensed Inspectors	Non-Licensed Inspectors	Independent Contractors	Admin/Other	TOTAL Personnel
	<i>Attach resumes (or provide online profile links) for all Principals, Partners, and Officers (KEY PERSONNEL)</i>				
7	Does anyone affiliated with your firm hold any other professional designations? <i>Provide details on any additional professional designations such as, but not limited to, architecture, engineering, construction management, land surveying, real estate, appraisal, investment services, etc.</i>				
8	Provide the following information for all Independent Inspectors				
	Name	Does the inspector work exclusively for your firm?	How many hours per week does the inspector work for your firm?	Does the inspector carry their own professional liability insurance equal to or greater than your limits?	
9	Does your firm have Branch Offices? If "Yes", attach a list of any other office locations with the percentage of your firm's GROSS FEES derived from each location for the last complete fiscal year.				
10	Percentage of services provided by your firm outside United States during the last complete fiscal year?			U.S.	Foreign
	<i>Attach geographic locations of all foreign projects.</i>				

11	Provide your firm's GROSS FEES and NUMBER OF INSPECTIONS attributable to the following years. GROSS FEES means the approximate dollar amount of your firm's gross revenue, but not including interest income, rental income, or sales and service taxes.								
	Projected Fiscal Year		Current Fiscal Year		Last Completed Fiscal Year		Second Last Fiscal Year		
	Fiscal Year End Dates		_____ / _____ / _____		_____ / _____ / _____		_____ / _____ / _____		
	Gross Fees	Number of Inspections	Gross Fees	Number of Inspections	Gross Fees	Number of Inspections	Gross Fees	Number of Inspections	
	Residential Properties 1-4 Units (\$/#)								
	Residential Properties > 4 Units (\$/#)								
	Commercial Properties (\$/#)								
	*Other (provide details)								
	Total GROSS FEES and INSPECTIONS								
12	Percentage of Gross Fees annually derived from your firm's largest client:								
13	Is the applicant the exclusive inspector for any real agency, developer, and/or builder? <i>If "Yes", provide details.</i>								
14	Provide the percentages, based on your firms GROSS FEES, attributable to the following inspection services:								
	Termite/Wood Destroying Organisms			Wind Mitigation					
	Radon			Green Building/Auditing					
	EIFS/Stucco			Infrared Thermography					
	Septic/Water Purification			Pool & Spa					
	Roof			Chimney					
15	For the last fiscal year, please enter the approximate percentage of your firms GROSS FEES attributable to the following Client Types .								
	Developers			Individual Seller / Prospective Buyer / Real Estate Agency					
	Lender / Mortgage / Financial Institution			Public Sector					
	Other: (provide details)								
16	The following questions are applicable to your firm's Business Practices :								
A	Is there a pre-inspection agreement signed prior to each inspection? (please attach sample)								
B	Does your firm include photographs with all inspection reports? Average number of photos taken per Inspection Average number of photos included in each Inspection Report								
C	Is there a Limitation of Liability provision in your firm's standard Inspection Agreement? <i>If "Yes", what value is assigned to the Limitation?</i>								
D	What type of Inspection Report is typically generated by your firm (check all that apply)? Narrative <input type="checkbox"/> Checklist <input type="checkbox"/> Verbal <input type="checkbox"/> None <input type="checkbox"/>								
E	What type of computer software does your firm use to generate Inspection Reports?								
F	To what professional Inspection associations or organizations does your firm belong?								
G	Which Standard of Practice does your firm follow?								
H	Does your firm provide a recommended timeframe for necessary repairs noted in the inspection report?								
I	Does Applicant provide referrals or recommendations for remediation needed?								
17	The following questions are applicable to Privacy/Network Security coverage :								
A	If your firm uses laptops, are all laptops password protected?								
B	Does your firm have a firewall and anti-virus/spam/malware software in place?								
C	Are written network security and privacy policies in place?								
D	Is all private and personal information encrypted?								
E	Are procedures in place to report and respond to unauthorized attempts to access computer system(s)? What are the estimated number of <i>personally identifiable information</i> * records maintained throughout your firm's network? <i>* Personally identifiable Information "PII" are data that, when used alone or with other relevant data, can identify an individual. PII may contain direct identifiers such as driver's license number or checking account number, etc. that can identify a person uniquely, or quasi-identifiers such as race that can be combined with other quasi-identifiers such as date of birth to successfully recognize an individual.</i>								
18	Provide the following about your firm's Professional Liability insurance program:								

	Insurance Company	Policy Period	Limit (Per Claim / Aggregate)	Deductible & Deductible Type	Premium	Privacy & Net Coverage Y/N
A	Retroactive date on current policy (If Full Prior Acts enter "Full"):					
B	Does your current policy have Specific Additional Limit Endorsements? (If "Yes" please attach details)					
C	Provide the following about your firm's General Liability insurance program:					
	Insurance Company	Policy Period	Limit	Deductible	Premium	Privacy & Net Coverage Y/N
19	Claim Awareness: <i>Claim(s) means a demand received by the Insured for money or services and which alleges a wrongful act. Claim(s) includes but is not limited to lawsuits, petitions, arbitrations or other alternative dispute resolution requests filed against the Insured</i>					
A	After inquiry, do any directors, officers, principals, partners, insurance managers, of the firm for which coverage is sought, have knowledge of any incident, a circumstance, an event, or unresolved fee dispute that may result in a claim?					
	If "Yes," attach the following details: Project Name, Potential Claimant, Alleged Damages, Dates					
B	Within the past five (5) years, have any claims been made or legal action brought against the firm, its predecessor(s), or any past or present principals, partners, insurance managers, or employees?					
	If "Yes," attach the following details: Project Name, Claimant, Nature of Damages (include dollar amount), Dates					
C	Within the past five (5) years, have you had any information security breaches, including unauthorized access, unauthorized use, unauthorized disclosure, virus, denial of service attack, theft of data, fraud, electronic vandalism, sabotage, extortion or other security events, including notification for any actual or potential compromise of information?					
	If "Yes," attach the following details: Project Name, Potential Claimant, Nature of Damages (include dollar amount), Dates					
20	Quotation Options: Indicate which options your firm wishes quoted for professional liability insurance					
	Limits					
	Deductible					
	First Dollar Defense?					

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO ARKANSAS APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO COLORADO APPLICANTS

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS

WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant

FRAUD STATEMENT TO FLORIDA APPLICANTS

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

FRAUD STATEMENT TO HAWAII APPLICANTS

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

FRAUD STATEMENT TO IDAHO APPLICANTS

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO KANSAS APPLICANTS

Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or who conceals, for the purpose of misleading, information concerning any fact material thereto, is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO KENTUCKY APPLICANTS

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.

FRAUD STATEMENT TO LOUISIANA APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO MAINE APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

FRAUD STATEMENT TO MARYLAND APPLICANTS

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO MINNESOTA APPLICANTS

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FRAUD STATEMENT TO NEW MEXICO APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

FRAUD STATEMENT TO NEW YORK APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD STATEMENT TO OHIO APPLICANTS

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO OREGON APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

FRAUD STATEMENT TO TENNESSEE APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO VIRGINIA APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO WASHINGTON APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I / We declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage.

On behalf of the applicant firm, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct to the best of my knowledge and belief. I understand that the application shall form the basis of the contract of insurance should the Company offer coverage and should the firm accept the Company's quotation. I also understand that completion of this application does not bind the Company or broker to provide insurance.

Date of Application

Signature of Principal, Partner, Officer, or Director

Please forward your fully completed, signed & dated application to:



NewBusiness@PLCSI.com
Fax: (914)592-6508
Mail: PLCSI
45 Knollwood Road, Suite 202
Elmsford, New York 10523