



Application Supplement for Home Inspectors

Please attach the following information:

1. Name of Applicant: _____

2. Are tests conducted to determine the existence of radon or lead? Yes No

If yes, please describe the procedures for tests:

3. Are collected samples sent to independent laboratories for testing? Yes No

If no, please attach a copy of the manufacturer's testing equipment specifications and instructions from test kit.

4. Are client/customer signatures obtained on Pre-Inspection Agreement before each and every inspection?
..... Yes No

5. Are there standard procedures for inspecting roofs, attics and crawlspaces? Yes No

6. For the categories listed below, please indicate the percentage of referral sources for home inspection business:

| | | | |
|-----------------|---------|------------------------|---------|
| Sellers | _____ % | Real Estate Agent | _____ % |
| Buyers | _____ % | Telephone Yellow Pages | _____ % |
| Repeat Business | _____ % | Other _____ | _____ % |

7. Please attach sample inspection report.

8. Please attach a copy of a written Pre-Inspection agreement/client contract.

9. Please attach a copy of standard procedures for inspecting roofs, attics and crawl spaces.

Notice to Applicant

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Name of Owner, Partner or Principal

Title

Signature of Owner, Partner or Principal

Date