

Home

Inspect Plus

Insurance Program



Addressing the needs of
Canadian Home Inspectors

HUB International Ontario Limited

2265 Upper Middle Road, Suite 700, Oakville, Ontario L6H 0G5



Home Inspect Plus

Dear Home Inspector,

You will find enclosed a package including an application for errors and omission insurance through our “**Home Inspect Plus**” Program. This program, **exclusively available to home inspectors in Canada**, is a result of the efforts **HUB International Ontario Limited**.

In conjunction with the errors and omissions insurance, there are options available for general liability and crime coverage. The attached package outlines what you need to do to get a quotation under this program.

This insurance package is provided by an A rated insurance company. If by chance you need to report a claim, it will be handled by our in-house claim’s manager. Not only will you be getting the benefit of insurance from a financially strong insurance company, but **HUB International Ontario Limited** claims team is available to assist you at any time. Our mission is to put our clients first.

I encourage you to review the attached package and complete the application for a premium indication. For your convenience we also offer easy and competitive payment plans.

Our dedicated service team is here to assist you anytime. If you have any questions about the program or want to ask us any questions please call and we will be more than happy to help.

Sincerely,



Daniel Breau
Marketing Manager/Account Director

Coverage Features

Home Inspect Plus

Errors and Omission Coverage

Includes Radon Testing, WETT Inspections and WDI/WDO
Excludes Mould Testing, unless endorsement is purchased
Includes Agent/Broker Referral Coverage
Claims Made Coverage Policy Form
Defence Costs included in the limit of liability
Full Prior Acts Coverage – with proof of continuous claims made coverage
Canada Only
Energy Audits
Legal Assistance
Extended Reporting Period to coverage due to death or retirement (1 year)

Commercial General Liability Coverage (Optional)

Worldwide Coverage
No BI deductible
Personal Injury and Advertising Injury
Occurrence Property Damage
Products/Completed Operations
Cross Liability
Contingent Employers Liability
Broad Form Property Damage
Medical Payments \$10,000
Non Owned Automobile \$1,000,000
Includes entity (if named in conjunction with an employed/insured inspector)
Includes Agent/Broker Referral Coverage

Crime Coverage (Optional)

Employee Dishonesty Coverage with Third Party Extension

Property Coverage (Optional)

Provides coverage for your property (tools, equipment, office equipment...)

Application for Insurance

Home Inspect Plus

Dear Home Inspector,

We would like to thank you for your interest in obtaining a quotation for this product.

We have attached an application that needs to be completed for us to release a formal quote to you. As you may know your insurance premiums are solely based on the information that you provide in this application.

If you should have any questions please feel free to call us and we will try to assist you as best we can.

Thank You.
HUB International Ontario Limited

HOW TO GET A QUOTE

1. Complete the application fully.
2. Attach all the requested information. (Brochures, Sample Contract, Training Certificates...)
3. Complete the below check list and return it with the application.
4. Send it to us.

You can send the completed application to us in the following ways;

Mail To:

HUB International Ontario Limited
2265 Uppermiddle Road, Suite 700
Oakville, ON L6H 0G5
Attn: Kim Smith

Fax To:

866-903-0208
Please mark your cover page "Attn: Kim Smith"

E-mail To:

If you can scan your application and supporting documentation please e-mail it to us at kim.smith@hubinternational.com

Application for Insurance

Home Inspect Plus

**PLEASE COMPLETE THIS PAGE AND RETURN IT WITH
YOUR COMPLETED APPLICATION**

Name of Company: _____

1. Limit of liability required for Errors and Omissions Insurance

\$500,000 \$750,000 \$1,500,000

2. Do you want coverage for Mould Inspections?

Yes No

3. Do you want a quote for General Liability coverage?

Yes No

4. Do you need a quote for Property coverage? (Tools or office contents, we will contact you to discuss your needs)

Yes No

Where can we send you the quote?

Fax - # _____ E-Mail - _____

Mail - _____

Payment Options

Please contact broker for further details.

For Office Use Only:

Date Received	Date Quoted	File Number	Date Bound	Payment Plan

Application for Insurance

Home Inspect Plus

HOME INSPECTOR APPLICATION FOR ERRORS AND OMISSIONS LIABILITY AND GENERAL LIABILITY INSURANCE

Administered by: HUB International Ontario Limited

Please type or print in ink. Answer all questions, use "NONE" or "N/A" where applicable, use attachments as necessary. We cannot process incomplete applications.

1. Name of Principal/Owner: _____
Full Business Name: _____
Mailing Address: _____
City: _____ Province _____ Postal Code: _____
Location Address: _____
Business Phone: (_____) _____
Facsimile Number: (_____) _____ is this a fax line? Yes No
E-mail Address: _____
Individual Contact: _____
Website: _____

2. a. Date the home inspection business created: _____
b. How many years in the home inspection business: _____
c. Date of association membership inception: _____

3. List all other staff and their position. (Use attachments if necessary)

Name	Position
_____	_____
_____	_____

4. Does the applicant/firm:
a. Perform any activities other than property inspections? I.e. Home Repairs?
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)
Yes No if Yes, attach a detailed description of these activities and E & O insurance declaration page(s)

5. General Liability, Errors and Omissions coverage the applicant/firm has had for the past three years: (Please attach copies of Declarations Pages)

	Policy Period	Insurance Company	Policy Number	Deductible	Premium
E&O					
GL					

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6. Please provide the following information:

	Last 12 Months	Next 12 Months (Estimated)
a. Number of inspections:		
b. Average fee per inspection:		
c. Total annual inspection receipts:		
d. Number of inspectors:		

Sources of Inspection Fees	Clients		
a. One and two family dwellings:	%	a. Sellers:	%
b. Multiple Family (3-4) dwellings:	%	b. Prospective buyer:	%
c. Multiple family dwellings over 4 units:	%	c. Bank:	%
d. Farms and ranches:	%	d. Insurance Co.:	%
e. Commercial:	%	e. Real Estate:	%
f. Industrial:	%	f. Other:	%
g. Mould Sampling:	%		

7. 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:

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

Yes No If yes, complete the attached claims information form.

9. Have any persons of the firm proposed for this coverage ever been subject to disciplinary action by any licensing board, court, regulatory authority, professional association or has had their license revoked? Yes No

If yes, provide details:

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10. What formal training has been completed in home inspection by the principals and staff?:

11. What professional organizations, associations or societies does the applicant/firm belong to?:

12. Has any person or organization requested a certificate of insurance?
Yes No If yes, explain:

Certificate of insurance only

Attn: _____

Company: _____

Address: _____

City, Province: _____ Postal Code: _____

Phone: _____ Fax: _____

13. Any hold-harmless agreements entered into by the applicant/firm? (other than your Inspection Agreement) Yes No If yes, enclose a copy of same.

14. What percent of the applicant'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

15. Complete optional mould coverage supplement if optional coverage is desired.

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I/We understand and accept that the policy does not provide coverage for: appraising, warranting or guaranteeing the present or future economic value of any home or useful life of any part thereof; estimated construction costs or any advice, consultation or guidance on costs, to repair, or cure any defect noted in any inspection report.

I/We understand and accept that the policy ONLY provides coverage for losses arising out of an inspection for which there is a properly completed inspection agreement. The inspection agreement must be the same as provided with the application or as on file with the Company. The agreement must be signed by the client or the clients representative.

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 that this application does not bind the applicant/firm, the agent, the general agent or the 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 Indemnity (Errors & Omissions) section of the insurance policy, if issued, is 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.

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 within thirty (30) days.

Title: _____ Date of signing: _____

Please be sure to include the following with your application. These items are required to bind an insurance policy.

- 1. A copy or sample of your inspection report**
- 2. Attach any brochures or literature about your company**
- 3. Attach a copy of your most recent resume**
- 4. Attach a copy of any certificates that have been issued as proof of membership with any association that you listed in question 11**

Home Inspector Application

Home
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ERRORS & OMISSIONS MOULD COVERAGE SUPPLEMENT

Mark and Answer the questions of those options which a quote is desired, use attachments as necessary

Business Name: _____

Mould Testing:

1. Type of testing equipment used: _____

2. Describe any consulting performed:

3. Does the province in which the tests are performed require licensing?
Yes No

4. Do you perform remediation? Yes No

5. Do you send samples to lab for analysis? Yes No

Name of Lab: _____

Estimated number of tests to be performed in the next 12 months: _____

6. Estimated total receipts for this activity in the next 12 months: _____

Attachments required to complete this supplement (if not previously submitted): Training/experience and nationally recognized association affiliation documentation for each optional coverage; samples of testing results, inspections, reports etc; copies of licenses.

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 Indemnity (Errors & Omissions) section of the insurance policy, if issued, is 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 require down payment of the premium, taxes and fees quoted.

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 within thirty (30) days.

Title: _____ Date of Signing: _____

Application: Claims Form

COMPLETE THIS FORM IF YOU HAVE ANSWERED "YES" TO QUESTION 8

If you require more space, please use a separate sheet

Business Name: _____

Claimant	Type of Claim	Date of Inspection	Claim	Date of Loss	Estimated Loss	Expenses Paid	Name of Insurer	Description of Claim
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					
	<input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Incident		<input type="checkbox"/> Open <input type="checkbox"/> Closed					

This claim's information form is to be completed by the Applicant/Firm who in the past has made claims for Errors and Omission or General Liability insurance. The requested information will be held confidential. Please type or print in ink.

I/We hereby warrant that the information contained herein is true and that no material facts have been misstated or omitted

Signature: _____

Title: _____ Date of Signing: _____