



# Home Inspector Application

bryan@progroupins.com

(800)-489-9914

Company Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Street: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

State: \_\_\_\_\_ Email: \_\_\_\_\_

Zip: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Company: Corp.  LLC  LLP  Sole Prop.  Other: \_\_\_\_\_ Date Est: \_\_\_\_\_

Any other office locations: \_\_\_\_\_

Please list all states in which you operate: \_\_\_\_\_

1. Is the applicant a franchisee?  Yes  No  
If yes, please provide name of franchise: \_\_\_\_\_

2. List all professional associations/memberships: ASHI  NACHI  NAHI  Other: \_\_\_\_\_

3. Have there been any changes in ownership, name, an acquisition, or merger in the past 5 years?  Yes  No  
If yes, please give details: \_\_\_\_\_

4. Is the applicant owned by, controlled by, or affiliated with any other entity?  Yes  No  
If yes, please give details: \_\_\_\_\_

5. Do you or anyone in the firm own any other firm or business?  Yes  No  
If yes, please give details: \_\_\_\_\_

6. Number of Staff:	Full	Part Time	Inactive
Principles, partners, or officers:	_____	_____	_____
Inspectors (excluding independent contractors):	_____	_____	_____
Non-professional staff:	_____	_____	_____

7. Do you utilize independent contractors?  Yes  No  
If yes, how many: \_\_\_\_\_  
Do you contractually require them to carry E&O?  Yes  No

8. Are all home inspectors licensed?  Yes  No

9. Do you or any inspectors maintain a professional license other than one for inspection?  Yes  No

10. Do you require a signed pre-inspection agreement in conjunction with the performance of all home inspections? (Please provide a copy)  Yes  No

11. Does any single client represent more than 10% of your gross annual revenue?  Yes  No  
If yes, please give details: \_\_\_\_\_

12. Are you an exclusive inspector for any real estate agent/agency, developer and/or builder?  Yes  No  
If yes, please give details: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**13. Inspection Reports**

- Type of Report: Narrative  Checklist  Verbal
- Name of computer software used to generate report: \_\_\_\_\_
- How many pictures are included in a typical report: \_\_\_\_\_
- How long does the average inspection last: \_\_\_\_\_
- Inspection standard followed: ASHI  NACHI  NAHI  Other: \_\_\_\_\_
- Does the applicant provide a recommended time frame for necessary repairs noted in the inspection report?  Yes  No
- Does each report provide the client a method of contacting the inspector?  Yes  No
- Does the applicant provide referrals or recommendations for remediation needed?  Yes  No

**14. Annual Gross Commissions**

Inspection Services	Most Recent Fiscal Year ending: _____		Projected Fiscal Year	
	# of inspections	Income	# of inspections	Income
A. Residential – Less than 4 units		\$		\$
B. Residential – More than 4 units		\$		\$
C. Commercial/Industrial/Office		\$		\$
D. Other (please describe): _____		\$		\$
<b>TOTALS</b>		\$		\$

**15. Breakdown of annual income**

Type of Client	% of Income	Type of Client	% of Income
Individual Seller	%	Developer	%
Prospective Buyer	%	Investor/Syndicator	%
Real Estate Agency	%	Lender/Mortgage Company	%
Relocation Company	%	Mortgage Broker	%

**16. Additional Services (please provide sample inspection reports)**

Inspection Service	# of Inspections Annually	Certified? Y or N	Certifying Body?	Describe any invasive techniques
Termite/ Wood Destroying Organisms				
Radon				
EIFS/Stucco				
Septic/Water Pollution				
Wind Mitigation				
Green Building/Auditing				
Infrared Technology				
Pool and Spa				
Engineering				

**17. Do you perform mold inspections?**

Yes  No

If yes, please answer the following:

A. Please list all mold inspection certifications: \_\_\_\_\_

B. Is a signed, separate pre-inspection agreement obtained for each mold inspection?  Yes  No

C. Is a written inspection report provided for each mold inspection?  Yes  No

D. What format is used for the inspection report? \_\_\_\_\_

E. How many pictures of each inspected area are taken? \_\_\_\_\_

F. Do you have any exclusive mold inspection arrangements with agents, developers, or builders?  Yes  No

G. If required by state or local law, are all inspectors who conduct them licensed to perform mold inspections?  Yes  No

H. Do you provide any mold remediation services?  Yes  No

I. Do you perform mold inspections for any structures other than residential dwellings?  Yes  No

J. Do you take are samples at the inspected site?  Yes  No

If yes, what lab provides the results for the samples taken: \_\_\_\_\_

**18. Current and Prior Insurance Information:**

Expiration:	Prior Acts/Retro coverage Date:	Current Limits of Liability:	Current Deductible:
____/____/____	____/____/____	____/____	_____
Current Carrier:	_____	Premium:	\$ _____
Prior Year 1:	_____	Premium:	\$ _____
Prior Year 2:	_____	Premium:	\$ _____
Prior Year 3:	_____	Premium:	\$ _____
Prior Year 4:	_____	Premium:	\$ _____

19. Do you have any endorsements or exclusions on your current policy tailored to your business?  Yes  No

20. Have any claims been made during the past five (5) years against your firm?  Yes  No

21. Are you or any of your staff aware of any fact circumstance situation act error or omission which you have reason to believe may or could reasonably be foreseen to give rise to a claim?  Yes  No

22. Has any member of the firm ever had their license revoked, suspended, formally reprimanded or have reason to been the subject of disciplinary action?  Yes  No

23. Has the applicant, any predecessor firm or any of the applicants current or former professional staff had professional liability insurance or similar insurance declined, canceled or non-renewed in the past five (5) years?  Yes  No

24. Has the applicant ever purchased an extended reporting period endorsement?  Yes  No

25. Do you currently have general liability coverage?  Yes  No  
If yes, what carrier and limits? \_\_\_\_\_

**\*\*Please see next page for general liability information section\*\***

## General Liability Information

---

1. Total employee payroll for the year: \$\_\_\_\_\_

2. How many employees are regularly required to use their personal vehicles for business? \_\_\_\_\_

3. Do you need building or business personal property coverage?  Yes  No

What amount? \_\_\_\_\_ What Deductible? \_\_\_\_\_

Year Built: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

How many square feet of the building does your business occupy? \_\_\_\_\_

Is the building equipped with a sprinkler system? \_\_\_\_\_

Have the building's roof, electrical, HVAC and plumbing systems all been updated? \_\_\_\_\_

Is your business responsible for common area maintenance? \_\_\_\_\_