



**HOME INSPECTOR GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

1. Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Does the applicant use independent contractors to perform home inspections?    r Yes   r No

a. If yes, does the applicant want coverage for these independent contractors?    r Yes   r No

b. If yes, does the applicant verify their qualifications annually?    r Yes   r No

c. If yes, does the applicant monitor work performed by independent contractors?    r Yes   r No

d. If no, will you require them to carry and maintain their own GL insurance?    r Yes   r No

3. Has the applicant had any General Liability Claims paid, reserved, or pending during the last 5 years?

r Yes   r No

If you answered "yes" to the above question, please provide a 5 year GL loss run and provide loss details below including name of claimant; allegation made; date claim was made; demand amount; and final disposition including indemnity and expense amounts (attach a separate page if necessary):

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**It is understood and agreed that this supplemental application shall become a part of the issued policy for General Liability Insurance.**

**THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.**

Applicant Signature: \_\_\_\_\_ Date (Mo-Day-Yr): \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_