



HOME/BUILDING INSPECTOR SUPPLEMENT
 Forming part of the Professional Liability Application

 Name of Applicant

Provide the percentage of your firm's sources of gross revenue from the last fiscal period attributable to the following :

Individual Seller _____
 Percentage

Individual Buyer _____
 Percentage

Real Estate Company _____
 Percentage

Relocation Company _____
 Percentage

Finance and/or Mortgage Company _____
 Percentage

Insurance Company _____
 Percentage

Construction Company _____
 Percentage

Other _____
 Describe Percentage

TOTAL should equal 100%

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following :

Existing Residential _____
 Percentage

Existing Commercial _____
 Percentage

Existing Industrial _____
 Percentage

New Construction-Residential _____
 Percentage

New Construction-Commercial _____
 Percentage

New Construction-Industrial _____
 Percentage

Other _____
 Describe Percentage

TOTAL should equal 100%



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Provide the percentage of your firm's sources of gross revenue from the last fiscal period attributable to the following types of inspections:

Family Dwelling	_____	Percentage
Condominiums	_____	Percentage
Town Homes	_____	Percentage
Apartment Buildings	_____	Percentage
Farms and Ranches	_____	Percentage
Log Homes	_____	Percentage
Mobile Homes	_____	Percentage
Other	_____	Percentage

Describe _____

TOTAL should equal 100%

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No

If Yes Please provide:

Client Name

Applicant's relationship with client

Approximate General Revenue generates from Client

Were more than 50% of your total gross billings for any one year derived from a single client or contract? Yes No

If Yes Please provide:

Client Name

Services Rendered

How long you expect this relationship to continue



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Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services on projects in which you retain an ownership interest? Yes No

If yes, please provide full details

Do you take samples to test Mold, Fungi, and/or Gas Emissions? Yes No

If Yes, please describe what you do if the test result is positive

Does your firm offer repair /renovation services to clients after an inspection? Yes No

If Yes, please provide details

Do you provide all your clients with a written inspection report? Yes No

If No, Please explain

How long do you keep your Customers information/documentation on file? _____
 Years

 Print Name and Title

 Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |