



# TARGET PROFESSIONAL PROGRAMS

A Division of CRC Insurance Services

## Home Inspectors Professional/E&O Liability & General Liability Request for Premium Estimate

Your Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Year Firm Established \_\_\_\_\_ # of Inspectors \_\_\_\_\_ Gross Revenue: \$ \_\_\_\_\_

Number of years experience as a home inspector \_\_\_\_\_.

If none, do you have construction trade or real estate experience?  Yes  No If yes, how many years? \_\_\_\_\_

Do you currently carry insurance?  Yes  No If yes, complete below regarding your Professional Liability Insurance.

Expires	Insurance Company	Occurrence or Claims made	Limits	Deductible	Premium

Have you had any Professional Liability claims in the last 5 years? If yes, please complete below:

Number of Claims \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Is your pre-inspection agreement/contract used 100% of the time?  Yes  No

Are you a member of a professional organization?  Yes  No

Name of Organization(s): \_\_\_\_\_

Indicate below if the following types of inspections are performed:

Commercial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____	Construction Draw	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____
Code Comp.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____	Energy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____
HUD or Sec 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____	Pool/Spa	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____
Radon	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____	Septic/Well	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____
Water Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____	Carbon Monoxide	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenue \$ _____

Professional/E&O & General Liability Limits Desired

\$250,000/\$250,000   
 \$250,000/\$500,000   
 \$300,000/\$300,000  
 \$1,000,000/\$1,000,000   
 \$1,000,000/\$2,000,000   
 \$2,000,000/\$2,000,000

Deductible Desired

\$1,000    \$1,500    \$2,000    \$2,500    \$5,000    \$10,000

Optional Coverages & limits available (indicate if coverage is desired):

Mold             Yes  No    \$100,000/\$100,000  
Termite         Yes  No    \$100,000/\$100,000    \$250,000/\$250,000    \$500,000/\$500,000  
Lead             Yes  No    \$100,000/\$100,000

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your completed request to:  
Email: [HomeInspectors@TargetProIns.com](mailto:HomeInspectors@TargetProIns.com)  
Fax: 860-284-1113  
Questions: 862-286-3511