

HCC Specialty/E&O Department

37 Radio Circle Drive, Mount Kisco, New York 10549 main 914 242 7840 facsimile 914 241 1133

Website: www.HCC.com

HOME INSPECTOR'S SUPPLEMENTAL APPLICATION

| 1. Name of Applicant: | | |
|--|---|----------------------------|
| 2. How many years of experience | e does the applicant have as a home i | nspector? |
| | nich the applicant or staff as individuate. | |
| 4. Do you obtain client/customer inspection? | signature on your Pre-Inspection Ag | greement before everyYesNo |
| 5. a. For categories listed below, your home inspection busin | please indicate the percentage of refeess: | erral sources for |
| Sellers % | Real Estate Agent% | Internet% |
| Buyers % | Telephone Yellow Pages% | Repeat Business% |
| Other% | | |
| b. What is the maximum perce | entage of referral business from any o | one source?% |
| c. Please identify this source a | and provide details: | |
| | onal services for the properties they herevices that are performed. | |
| 7. Is the applicant, any employee Applicant an architect or engi | behalf of theYesNo | |
| 8. a. Do you inspect any new cor | YesNo | |
| b. If yes, how many new cons 12 months? | struction properties were inspected in | the last? |
| c. How much revenue from no | ew construction inspections? | |
| 9. a. Do you inspect commercial | YesNo | |
| b. If yes, how many commerci 12 months? | al properties were inspected in the pa | ast |
| c. How much revenue from co | mmercial inspections? | |



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| 10. Is there General Liability coverage in force? | | YesNo | |
|--|-----------|-----------------------|--|
| If so, please provide details: | | | |
| Company | _ Limit | Policy term | |
| "THIS SUPPLEMENTAL APPLICATION OF PROVISIONS CONCERNING REPRESENTAPPLICATION ORIGINALLYSUBMITTE LIABILITY INSURANCE" | TATIONS N | MADE IN THE GENERAL | |
| Date | Autho | orized Representative | |