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APPLICATION CAHPI MEMBER'S ERRORS & OMISSIONS INSURANCE

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

ALL QUESTIONS MUST BE COMPLETED. DO NOT LEAVE ANY BLANK SPACES. INDICATE "N/A" IF A QUESTION IS NON-APPLICABLE. IF THE SPACE PROVIDED IS NON-SUFFICIENT, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

<p style="text-align: center;">LIMITS OF INSURANCE REQUESTED:</p> <p><input type="checkbox"/> \$250,000 Per Claim / \$500,000 Per Policy Period</p> <p><input type="checkbox"/> \$500,000 Per Claim / \$1,000,000 Per Policy Period</p> <p><input type="checkbox"/> \$1,000,000 Per Claim / \$2,000,000 Per Policy Period</p> <p>Requested date for the activation of this policy: _____</p> <p>COPIES OF THE FOLLOWING MUST BE ENCLOSED WITH THE APPLICATION.</p> <p><input type="checkbox"/> Standard contract <input type="checkbox"/> Promotional materials <input type="checkbox"/> Resume of inspectors if less than 1 year of experience <input type="checkbox"/> Copy of policy of the last 3 years*</p>	<p>Deductible : Check</p> <p>[<input type="checkbox"/>] \$ 2,500</p> <p>[<input type="checkbox"/>] \$ 5,000</p>
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GENERAL INFORMATION

1. Name of Applicant: _____
 (If the applicant is an enterprise, include the name of the owners, if they need to be insured as a designated insured)
2. Mailing Address: _____

3. Branch Office(s) if any: _____
4. Web Site Address: _____
5. Applicant is: An Individual A Corporation A Partnership
6. Establishment date of company: _____ # years of experience as inspector _____
7. Is the Applicant engaged in any other business other than property/home inspections? YES NO
 If YES, please provide details.

8. a) Is the Applicant controlled, owned by or associated with any other company or corporation? YES NO
 b) Do you own or control any subsidiaries? YES NO
 If YES, to a) or b) please provide full details on a separate sheet including ownership percentages.
9. Please provide a breakdown of your staff as follows (attach separate sheet if necessary):

PERSONNEL (INSPECTORS)	NUMBER OF STAFF	IDENTIFY WHO HAS BEEN PRACTISING LESS THAN ONE YEAR
Principals/Partners		
Full-Time Employees		
Part-Time Employees		
Contract Employees		

Please indicate the total of your administrative employees: (non inspectors): _____

* Copy of your E&O policies will be necessary if the policy is required

10. Does the applicant or its inspectors belong to CAHPI and eligible for their insurance program? YES NO
 Type of membership: Candidate, Associate, Registered home inspector
11. Estimated gross revenue for the past twelve (12) months or last fiscal year: \$ _____
 Estimated gross revenue for the upcoming twelve (12) months or next fiscal year: \$ _____
12. Does the Applicant provide services outside of Canada? YES NO
 If so, how much of the Applicant's gross revenues are derived from outside of Canada?
 Last 12 months: USA: _____ OTHER: _____
 Next 12 months: USA: _____ OTHER: _____
- 13-1). Please specify the percentage of your revenue that is derived from:
- a) Residential inspections _____%
 - b) Commercial inspections _____%
 - c) Radon Testing _____%
 - d) WETT Inspections _____%
 - e) Energuides Services _____%
 - f) Pre Delivery Inspections _____%
 - e) Other (please specify) _____%
- 13-2). Please indicate the approximate percentage of your inspections commissioned for the purpose of:
- a) Property Owner/Purchaser _____%
 - b) Financial Institutions _____%
 - c) Insurance _____%
 - d) Real Estate Brokerage or Agency _____%
 - e) CMHC _____%
 - e) Other (please specify) _____%

CONTRACTUAL INFORMATION

14. Does the Applicant perform Property Inspections in accordance with the CAHPI Standards of Practice? (**Canadian Association of Home & Property Inspectors**) YES NO
15. Do all Home Inspectors for which coverage is being sought have a minimum of one year experience? YES NO
16. Do you provide all of your clients with a written inspection report? YES NO
17. Is your inspection report limited to visual inspections only? (if your answer is no, annex explanations) YES NO
18. Do you ensure that you obtain your client's signature on every contract? YES NO
19. If Yes, is the signature obtained prior to or at the time of the inspection? YES NO

PREVIOUS INSURANCE / CLAIM INFORMATION

20. During the last five (5) years, has the Applicant carried Errors and Omissions insurance? YES NO
 If YES, please complete the following for all previous policies:

INSURER	POLICY PERIOD (DD-MM-YY)	LIMIT Per claim / Per period	DEDUCTIBLE

21. Has the Applicant ever been declined, non-renewed or cancelled by any insurer for Errors and Omissions insurance? YES NO
 If YES, please explain: _____

22. In the last five (5) years, the enterprise, yourself, one of your employees in the practices of an inspection for the enterprise:
- A) Have you been the subject of one or more claims? Yes No
 - B) Have you ever given notice of a claim to an insurer? Yes No
 - C) Have you been the subject of an out of court settlement in the practice of your profession, which may or may not lead to a payment from your part? Yes No

- D) Has a client ever indicated to you, either verbally or written, that they may pursue legal action against you, one of your agents, an employee, a trainee, or any persons working directly or indirectly with you? Yes No
- E) Do the applicant know any fact that lead the applicant to believe that a claim may be brought against the applicant? Yes No

If you answer yes to one of the above questions, annex all details:

Without restricting any appeal of the insurer, it is hereby agreed upon, that any fact, circumstance or situation described above be known to the applicant. Any claim or action ensuing afterward will be excluded from the proposed insurance.

PRIOR ACTS COVERAGE

If you have maintained continuous insurance during the last years, no retroactive date may be afforded as long as you meet the following conditions:

- All Home Inspections were rendered in accordance with the CAHPI Standards of Practice. YES NO
- All your clients were provided with a written inspection report. YES NO
- All your inspection reports were limited to visual inspections only. YES NO
- You obtained your client's signature prior to or at the time of the inspection. YES NO

If you have answered, "yes" to all of the above, an extended prior acts date will be considered. If not, retroactive coverage will be limited to the date you first purchased continuous Errors & Omissions insurance.

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Inovesco Inc. through Lloyd's of London (Lloyd's), a customer provides Inovesco inc. with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with Lloyd's underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Inovesco and Lloyd's related or affiliated companies and service providers. Further information about Inovesco's personal information protection policy may be obtained by contacting their privacy officer at 514-328-2154.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

I recognize that the signature appearing on this document is indeed mine, in view that this application is sent to the insurer electronically.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____