



Legends Environmental Insurance Services, LLC

3823 N 11 Street, Phoenix, AZ 85014
Phone: (800) 443-1979, FAX: (602) 604-2337

IESO HOME INSPECTOR PROFESSIONAL LIABILITY MOLD APPLICATION

1. **APPLICANT:** _____
Address: _____
Contact: _____ Title: _____
Telephone: _____ Fax: _____
E-Mail Address: _____
Web Site Address: _____
Locations of Branch Offices: _____

2. **FIRM IS:**
Partnership: Corporation: JV: Individual: LLC: Other:

3. **HISTORY OF COMPANY:**
Date established: _____
Have there been any acquisitions, consolidations, dissolution, mergers? Yes No
If yes, explain: _____
Does the firm have: Subsidiaries A parent company Other related entities
If yes, explain: _____
Do you share employees? Yes No
If yes, explain: _____

4. **TOTAL PERSONNEL** (List each person only once by primary function):
a) Home Inspectors _____
b) Supervisors/Leadmen: _____
c) Other (specify): _____

Please attach all key people's resumes, certifications and licenses including copies of all IESO CRMI designations.

5. **TOTAL COMPANY GROSS REVENUES AND NUMBER OF INSPECTIONS:**

	Revenues:	Number of Inspections
Current Year:	\$ _____	_____
Estimated Next Year:	\$ _____	_____
Past Three Years:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

12. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes No

If yes, please explain: _____

13. Has any application for Professional Liability Insurance and/or Errors and Omissions and/or Pollution Insurance made on behalf of the applicant, and predecessors in business, present partners or officers ever been declined or has the Insurance ever been canceled or renewal refused? Yes No

If yes, please give full details (use additional sheet of paper, if necessary): _____

14. Has any claim, suit or notice of incident been made against the applicant or any of the principals of the company? Yes No

If yes, please give full details stating (use additional sheet of paper, if necessary):

- a) Date when claim, suit or notice was made;
- b) Date the act giving rise to the claim, suit or notice was committed;
- c) Name of claimant;
- d) Nature of the claim, suit or notice;
- e) Demand amount;
- f) Amount involved including reserves; and
- g) Final disposition,

15. Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any persons named in response to questions 1 or 10? Yes No

If yes, please give full details on the same basis as Question 28 above (use additional sheet of paper, if necessary):

16. Subcontractors will not be covered under this policy.

Do you agree to this statement? Yes No

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant: _____

Title: _____

Applicant's Signature: _____

Date: _____