BENCHMARK MANAGEMENT GROUP
SPECIALTY LINES UNDERWRITERS

HOME INSPECTOR GENERAL LIABILITY SUPPLEMENTAL APPLICATION

1. Company Name: _____

_____

Street: _____

City: _____ State: _____ Zip: _____

2. Does the applicant use independent contractors to perform home inspections? r Yes r No

   a. If yes, does the applicant want coverage for these independent contractors? r Yes r No

   b. If yes, does the applicant verify their qualifications annually? r Yes r No

   c. If yes, does the applicant monitor work performed by independent contractors? r Yes r No

   d. If no, will you require them to carry and maintain their own GL insurance? r Yes r No

3. Has the applicant had any General Liability Claims paid, reserved, or pending during the last 5 years?

   r Yes r No

   If you answered "yes" to the above question, please provide a 5 year GL loss run and provide loss details below including name of claimant; allegation made; date claim was made; demand amount; and final disposition including indemnity and expense amounts (attach a separate page if necessary):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

It is understood and agreed that this supplemental application shall become a part of the issued policy for General Liability Insurance.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____