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LEAD PAINT INSPECTORS PROFESSIONAL LIABILITY APPLICATION

GENERAL INFORMATION

- 1. Company Name (full legal):
Street:
City: State: Zip: Telephone:
Fax: E-mail: Website:
2. Please list all states where the Applicant provides services:

DESCRIPTION OF BUSINESS

- 3. Please indicate the total payroll budget for the following fiscal years for both the Applicant and any subsidiaries performing lead paint inspection services sought to be covered under this policy:
Current Year: \$ Last Year: \$ Next Year (projected): \$
4. When was the Applicant's housing authority established?
5. Please indicate the total number of Lead Paint Inspectors (please include both employees and independent contractors in this number):
6. Please indicate the total number of lead paint inspections performed in the past twelve months:
7. Please indicate the percentages of residential and commercial lead paint inspections performed by the Applicant, and describe the types of properties inspected:
8. Does the Applicant have the responsibility of inspecting any schools, daycare facilities or other commercial buildings that house children less than 6 years of age?
9. Please indicate the total number of Section 8 properties inspected in the past twelve months:
10. How many of these properties did not pass initial inspection?
11. How many owned/partially owned properties does the Applicant manage (including tax credit housing)?
a.) How many units total comprise these owned properties?
b.) How many of these properties were built prior to 1978?
c.) How many of these properties have been abated for lead paint?
d.) How many of these properties are tax credit housing properties (either owned or partially owned)?
e.) Excluding Section 8, how many units do you inspect for others?

12. Does the Applicant know of any owned/partially owned properties containing lead paint but have not yet been abated? Yes No

If yes, please provide explanation: _____

13. Does the Applicant perform lead paint abatement services using their own staff? Yes No

If Yes: a) On how many units was abatement performed in the last 12 months? _____

If No: b) Does the Applicant require proof of insurance from abatement contractors and/or consultants? Yes No

c) Were the abatements performed by only EPA certified contractors? Yes No

14. How does the Applicant ensure compliance with the Lead Disclosure Rule? _____

15. Please describe internal controls used to ensure that all properties are inspected every 12 months: _____

16. Does the Applicant know of any owned or partially owned properties that contain mold but have not yet been abated? *If yes, please describe what actions are being taken to abate mold: Yes No

CLAIMS

17. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities? Yes No

If you answered Yes to the above question, please describe:

18. Have any of the Applicant's owners, principals, directors, officers or employees had any violations or alleged violations of any lead paint regulations, laws or statues, and/or have any of the above ever been the subject of disciplinary actions relating to such violations? If yes, please describe below: Yes No

19. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees? Yes No

If yes, please describe including date, status, reserves and/or total paid & brief description of claim:

20. Does the Applicant, Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? Yes No

If you answered Yes to the above question, please complete the Supplemental Claims Form.

It is understood and agreed that if the answer to the previous three queries is "yes", any such claim or potential claim is specifically excluded from this proposed coverage.

COVERAGE

1. Please indicate desired coverage terms:

Limit: _____
Retention: _____
Retroactive Date: _____

If no retroactive date is selected, proposed coverage will begin on the policy effective date.

Please attach any special coverage requests.

2. **OPTIONAL:** In order to best meet your coverage needs, please provide the following information about the Applicant's current policy:

Carrier: _____
Limit: _____
Retention: _____
Premium: _____
Retroactive Date: _____
Expiration: _____

*Attach sample contracts, principals' resumes, or additional information we may find helpful in evaluating your risk.

Notice to Applicant: Please Read Carefully.

Warranty: The Applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant.

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

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

Name and Title (Please Print): _____