

HOME/BUILDING INSPECTOR SUPPLEMENT

Forming part of the Professional Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



Name of Applicant

Provide the percentage of your firm s sources of gross revenue from the last fiscal period attributable to the following:

Individual Seller Percentage

Individual Buyer Percentage

Real Estate Company Percentage

Relocation Company Percentage

Finance and/or Mortgage Company Percentage

Insurance Company Percentage

Construction Company Percentage

Other Describe Percentage

TOTAL should equal 100%

Provide the percentage of your firm s gross revenue from the last fiscal period attributable to the following:

Existing Residential Percentage

Existing Commercial Percentage

Existing Industrial Percentage

New Construction-Residential Percentage

New Construction-Commercial Percentage

New Construction-Industrial Percentage

Other Describe Percentage

TOTAL should equal 100%



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Describe your firm s five(5) largest jobs or projects during the past three (3) years.

Table with 4 columns: Index (1-5), Clients Name, Services Provided, Total Gross Billing (CAD\$)

Do you provide professional services on projects in which you retain an ownership interest? [ ] Yes [ ] No

If yes, please provide full details [ ]

Do you take samples to test Mold, Fungi, and/or Gas Emissions? [ ] Yes [ ] No

If Yes, please describe what you do if the test result is positive [ ]

Does your firm offer repair /renovation services to clients after an inspection? [ ] Yes [ ] No

If Yes, please provide details [ ]

Do you provide all your clients with a written inspection report? [ ] Yes [ ] No

If No, Please explain [ ]

How long do you keep your Customers information/documentation on file? [ ] Years

Print Name and Title [ ]

Signature of Applicant or Authorized Representative [ ]

DATE: [ D | D | M | M | Y | Y ]