

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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An SWG Company

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

Family Dwelling [ ] Percentage

Condominiums [ ] Percentage

Town Homes [ ] Percentage

Apartment Buildings [ ] Percentage

Farms and Ranches [ ] Percentage

Log Homes [ ] Percentage

Mobile Homes [ ] Percentage

Other [ ] Describe [ ] Percentage

TOTAL should equal 100%

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? [ ] Yes [ ] No

If Yes Please provide:

[ ] Client Name

[ ] Applicant s relationship with client

[ ] Approximate General Revenue generates from Client

Were more than 50% of your total gross billings for any one year derived from a single client or contract? [ ] Yes [ ] No

If Yes Please provide:

[ ] Client Name

[ ] Services Rendered

[ ] How long you expect this relationship to continue

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

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

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 |