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SUPPLEMENT FOR BUILDING INSPECTION SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____

2. Does the Applicant provide the following services? If Yes, provide the percentage of total services provided:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Percentage
(a) Residential Home Inspection	<input type="checkbox"/>	<input type="checkbox"/>	_____%
(b) Residential Building Code Inspection	<input type="checkbox"/>	<input type="checkbox"/>	_____%
(c) Commercial Building Inspection	<input type="checkbox"/>	<input type="checkbox"/>	_____%
(d) Commercial Building Code Inspection	<input type="checkbox"/>	<input type="checkbox"/>	_____%
(e) Industrial Inspection	<input type="checkbox"/>	<input type="checkbox"/>	_____%
(f) Pest Inspection, including termites or any other wood destroying organisms	<input type="checkbox"/>	<input type="checkbox"/>	_____%
(g) Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____%
TOTAL			100%

3. Provide the percentage of the Applicant's clients in the following categories:

	Percentage
(a) Home Purchasers	_____%
(b) Mortgage Lenders	_____%
(c) Municipality	_____%
(d) Other (specify) _____	_____%
TOTAL	100%

4. How many inspections does the Applicant perform annually? _____

5. Does the Applicant use an in-house office policy/procedures manual? Yes No

6. Does the Applicant or any person for whom insurance is being requested have any ownership interest in any property being inspected? Yes No
If Yes, provide an explanation. _____

7. Does the Applicant use a written contract describing the services that will be provided?..... Yes No
If Yes, what percentage of time are these contracts used? _____% Attach a copy of the standard contract used.

8. Is the Applicant engaged in, owned by or controlled by any other business? Yes No
If Yes, provide details. _____

9. As part of this Supplement attach a resume for each inspector and a sample inspection report.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date