



**COURIER:** 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9  
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**HOME INSPECTOR  
Insurance Declaration**

The information requested in this form is collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 144 of the BC *Business Practices and Consumer Protection Act*. This information will be used to assist in determining your qualifications for licensing under the Home Inspector Licensing Regulation and will not be released unless required under the *Freedom of Information and Protection of Privacy Act* or the *Business Practices and Consumer Protection Act*.

Applicants must indicate to the Director that they have and maintain, as a requirement of licensing, the necessary insurance coverage to protect against errors, omissions, personal and property damage. This includes the following:

Professional Liability (Errors and Omissions) Coverage: .....\$1 million occurrence/limit/aggregate  
Comprehensive General Liability Coverage: .....\$1 million occurrence/limit/aggregate  
Insurance certificates must cover common issues to home inspections in BC including water ingress.

**INSURANCE VERIFICATION**

.....  
Name of Insurer

.....  
Address

(.....).....  
Phone No.

(.....).....  
Fax No.

.....  
Contact Name

**Policy Information:**

Term of Policy Effective Date (yyyy/mm/dd):	
Term of Policy Expiry Date (yyyy/mm/dd):	

<b>Policy Information:</b>	<b>CAD</b>
(1) Professional Liability Coverage E&O	\$
(2) Comprehensive General Liability Coverage	\$
(3) Professional Liability Deductible	\$
(4) General Liability Deductible	\$

**Please attach a copy of coverage summary or confirmation documents which evidence the above information and confirm the term and coverage inclusions and exclusions.**

**I hereby:**

1. Certify that all the information given in this document is true and correct to the best of my knowledge and belief;
2. Have attached all required material pertaining to this verification;
3. Give permission to Consumer Protection BC to verify all matters in this document by contacting the declared insurer.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_