COURIER: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9
MAIL: PO Box 9244, Victoria, BC V8W 9J2
FAX: 250.920.7181 **P** 604.320.1664 **TF** 1.888.564.9963
www.consumerprotectionbc.ca

HOME INSPECTOR
INSURANCE DECLARATION

This form and related attachments must be attached to the licence application. 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:

Details

(1) Professional Liability Coverage E&O (CAD) $.....

(2) Comprehensive General Liability Coverage (CAD) $.....

(3) Professional Liability Deductible (CAD) $.....

(4) General Liability Deductible (CAD) $.....

(5) Term of Policy – Effective Date ……Expiry Date .....
yyyy/mm/dd yyyy/mm/dd

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

APPLICANT DECLARATION

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:** ……