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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):	

Policy Information:	CAD
(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 _____