



ONTARIO ASSOCIATION OF HOME INSPECTORS

Established by the Ontario Association of Home Inspectors Act, 1994

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MINIMUM REQUIREMENTS FOR PROFESSIONAL LIABILITY AND GENERAL LIABILITY INSURANCE FOR MEMBERS PRACTISING WITH INSURANCE

All members of the OAH practicing with insurance must be insured against Professional Liability and (CGL) Commercial / Comprehensive General Liability through insurance policies meeting the following minimum requirements (additional and or recommended higher coverages are in brackets): We recommend that you review with your broker the terms, conditions, exclusions, and limitations of your policy(s) against this document.

(A) Professional Liability Insurance

- 1 The activities covered must include Home Inspections as defined in the OAH Standards of Practice.
- 2 Minimum limits per occurrence must be \$250,000.00.
- 3 Minimum limit per annual aggregate must be \$300,000.00.
- 4 (Recommended) Retroactive date to cover for prior acts is recommended for as long as possible as available from the insurer, if the policy is of a “claims made” type.
- 5 (Recommended) The Policy should provide for purchasing an extended reporting period for Home Inspectors who are retiring from the business and / or upon termination of the policy. Members are encouraged to carry coverage for claims reported after commencement of retirement / termination of policy.
- 6 The policy must provide for a minimum of 15 days notice of cancellation by the insurer (longer notice of cancellation notice is recommended as available from the insurer).
- 7 The insurer must be licensed to do business in Ontario.
- 8 (Recommended) The policy should cover bodily injury and property damage caused by an error or omission.
- 9 (Recommended) CGL coverage should have a minimum limit of \$1,000,000.00.

NOTE 1: All OAH members practicing with insurance must provide the following each year when renewing their membership:

- Insurance Certificate(s) signed by their broker(s).

One (1) or Two (2) certificates as applicable if CGL & E&O are provide by separate brokers and or insurers.

NOTE 2: There are many features included in insurance policies not specifically addressed in these requirements or referenced on forms, again Members are reminded it is in their best interest to review their individual policies with their Brokers.

Attached forms 1 (General liability insurance form) & 2 (Professional (E&O) Liability insurance) are provided for the Members benefit and or guidance, please review with your Broker and keep on file. Submit only (to OAH and or appointed consultant) upon request and or for assistance as required.



GENERAL LIABILITY INSURANCE REPORT FORM 1

INSURED INSPECTORS MUST REVIEW WITH BROKER and KEEP AVAILABLE (on file).

THE FOLLOWING ARE MINIMUM REQUIREMENTS, OAHI RECOMMENDS HIGHER LIMITS *AND LONGER PERIODS OF TIME
ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS CONTAINED IN YOUR POLICY SHOULD BE REVIEWED WITH YOUR INSURER OR BROKER.

TYPE OF POLICY		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY OR <input type="checkbox"/> COMPREHENSIVE GENERAL LIABILITY				
NAMED INSURED PRINT NAMES ALL TO BE INCLUDED IN THE POLICY		<input type="checkbox"/> INSPECTOR(S) NAME(S)				
		<input type="checkbox"/> FIRM NAME				
ADDRESS						
INSURANCE BROKER FIRM NAME						
BROKER ADDRESS & PHONE						
EFFECTIVE DATE		EXPIRY DATE				
INSURANCE COMPANY		POLICY NUMBER				
AMOUNT OF COVERAGE		SHOULD BE AT LEAST \$ 1,000,000 *	\$			
DEDUCTIBLE PER OCCURRENCE (CLAIM)			\$			
PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.					YES	NO
IS THE INSURANCE COMPANY LICENCED TO OPERATE IN ONTARIO?						
DO THE ACTIVITIES COVERED INCLUDE ALL HOME INSPECTIONS AS DEFINED BY THE OAHI STANDARDS OF PRACTICE?						
DOES THE POLICY CONTAIN 30 DAYS** NOTICE OF CANCELLATION TO THE INSURED AND OAHI? OAHI Registrar 1515 Matheson Blvd. East, Suite 205, Mississauga ON L4W 2P5 Phone (416) 256 0960 1 (888) 744 6244						
THE FOLLOWING ARE NOT, ALL MANDATORY, BUT PLEASE DISCUSS WITH YOUR BROKER OR INSURER AND ANSWER.						
	YES	NO		YES	NO	
PREMISES, OPERATIONS			PRODUCTS AND COMPLETED OPERATIONS			
OCCURRENCE PROPERTY DAMAGE			EMPLOYEES AS ADDITIONAL INSUREDS			
BODILY INJURY AND PROPERTY DAMAGE			EMPLOYEE BENEFITS LIABILITY			
NEWLY ACQUIRED ORGANIZATIONS 90 DAYS			LIMITED WATERCRAFT LIABILITY			
INTENTIONAL ACTS AMENDMENT			WORLDWIDE ACTS COVERAGE			
CONTINGENT EMPLOYER'S LIABILITY			BLANKET CONTRACTUAL,			
BROAD FORM AUTOMOBILE			BROAD FORM PROPERTY DAMAGE			
S.P.F. # 6 STANDARD NON-OWNED AUTOMOBILE			OWNERS / CONTRACTORS PROTECTIVE			
PERSONAL INJURY (LIBEL & SLANDER)			EMPLOYERS' LIABILITY COVERAGE RIDER			
TENANTS LEGAL LIABILITY BROAD FORM			INCIDENTAL MEDICAL MALPRACTICE			
ADVERTISING LIABILITY			LIMITED POLLUTION / ENVIRONMENTAL LIABILITY			
MEDICAL PAYMENTS RIDER \$ 2,500 PER PERSON			CROSS LIABILITY			

I CERTIFY THAT I HAVE REVIEWED ALL OF THE ABOVE WITH MY BROKER AND/OR INSURANCE COMPANY AND MY POLICY MEETS THE MINIMUM STANDARDS OF OAHI

INSPECTOR'S SIGNATURE X		DATE
PLEASE PRINT NAME	POSITION OR TITLE	PHONE # ()



PROFESSIONAL (E&O) LIABILITY INSURANCE REPORT FORM 2

INSURED INSPECTORS MUST REVIEW WITH BROKER and KEEP AVAILABLE (on file).

THE FOLLOWING ARE MINIMUM REQUIREMENTS, OAHI RECOMMENDS HIGHER LIMITS * AND LONGER PERIODS OF TIME **. ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS CONTAINED IN YOUR POLICY SHOULD BE REVIEWED WITH YOUR INSURER OR BROKER.

TYPE OF POLICY		<input type="checkbox"/> OCCURRENCE BASIS. OR <input type="checkbox"/> CLAIMS MADE BASIS.	
INSURED(S) <u>NAMED</u> IN THE POLICY PRINT NAMES ALL TO BE INCLUDED IN POLICY		<input type="checkbox"/> INSPECTOR(S)	
		<input type="checkbox"/> FIRM NAME	
INSURED ADDRESS			
INSURANCE BROKER FIRM NAME			
BROKER ADDRESS & PHONE			
EFFECTIVE DATE		EXPIRY DATE	
INSURANCE COMPANY		POLICY NUMBER	
ANNUAL AGGREGATE LIMIT		(MUST BE AT LEAST \$ 300,000) *	\$
PER OCCURRENCE LIMIT		(MUST BE AT LEAST \$ 250,000) *	\$
DEDUCTIBLE PER OCCURRENCE (CLAIM)			\$
DOES THE POLICY CONTAIN THE FOLLOWING?			YES NO
DO THE ACTIVITIES COVERED INCLUDE ALL HOME INSPECTIONS AS DEFINED BY THE OAHI STANDARDS OF PRACTICE?			
DOES THE POLICY CONTAIN 15 DAYS ** NOTICE OF CANCELLATION TO THE INSURED AND OAHI? OAHI Registrar 1515 Matheson Blvd. East, Suite 205, Mississauga ON L4W 2P5 Phone (416) 256 0960 1 (888) 744 6244			
DOES THE INSURER AGREE TO PROVIDE "EXTENDED REPORTING PERIOD" COVERAGE TO THE INSPECTOR AND HIS FIRM, UPON RETIREMENT OR UPON TERMINATION OF POLICY FOR A PERIOD OF 1 YEAR **. THE PURPOSE OF THIS COVERAGE IS TO RESPOND TO ACTIONS BROUGHT AGAINST THE INSURED, REPORTED AFTER RETIREMENT OR TERMINATION OF POLICY, FOR INSPECTIONS PERFORMED PRIOR TO RETIREMENT / TERMINATION OF POLICY.			
WHAT IS THE CONTRACTUAL PREMIUM IN THE POLICY. (NORMALLY 1 YEAR PREMIUM OR LESS.)			
DOES THE POLICY COVER BODILY INJURY AND PROPERTY DAMAGE CAUSED BY AN ERROR OR OMISSION?			
IS THE INSURANCE COMPANY LICENCED TO OPERATE IN ONTARIO?			
DOES THE POLICY CONTAIN PRIOR ACTS COVERAGE BEFORE THE POLICY COMMENCEMENT DATE? (RETROACTIVE DATE). WHAT IS THE RETROACTIVE DATE:			
I HAVE DISCUSSED "CLAIMS MADE " POLICIES WITH MY BROKER / INSURER AND UNDERSTAND THAT CLAIMS REPORTED TO ME MAY ONLY BE COVERED IF THE SAME POLICY WAS IN FORCE AT THE TIME THAT I INSPECTED THE HOME AND RECEIVED THE REPORT OF A CLAIM.			
I HAVE REVIEWED THE EXCLUSIONS IN THE POLICY AND DISCUSSED SMALL AND LARGE COMMERCIAL INSPECTIONS.			

I CERTIFY THAT I HAVE REVIEWED ALL OF THE ABOVE WITH MY BROKER AND/OR INSURANCE COMPANY AND MY POLICY MEETS THE MINIMUM STANDARDS OF OAHI.

INSPECTOR'S SIGNATURE X		DATE
PLEASE PRINT NAME	POSITION OR TITLE	PHONE #