



## **CONFIRMATION OF COVERAGE - BINDER**

**3/31/2023**

**Contact: Jason Heitz**

**Policy # RVA1018602.1004784-02**

**Insured:** Utah Joint Adventures, Inc.  
DBA Champion Inspect  
10102 South Redwood Road #95651  
South Jordan, UT 84095

**Policy is effective 12:01 AM 4/1/2023 to 12:01 AM 4/1/2024.**

This is to certify that in accordance with your instructions, we have bound coverage. The binder described herein is being provided on behalf of a non-admitted carrier. This temporary binder summarizes the limits, terms, coverage, and conditions of your insurance policy. This binder is temporary and will be replaced by the final policy.

**Carrier: Republic-Vanguard Insurance Company A-XV (non-admitted)**

<b>Coverage:</b>	<b>Professional Liability (E&amp;O) – Claims Made</b>	
<b>Limits:</b>	\$1,000,000	Each Claim Limit
	\$1,000,000	Aggregate Limit
<b>Retro Date:</b>	4/1/2021	
<b>Deductible:</b>	\$1,500	Per Claim
<b>Coverage:</b>	<b>Commercial General Liability – Claims Made</b>	
<b>Limits:</b>	\$1,000,000	Aggregate Limit
	\$1,000,000	Products / Completed Operations Aggregate Limit
	\$1,000,000	Personal & Advertising Injury Limit
	\$1,000,000	Each Occurrence Limit
	\$100,000	Fire Damage Limit
	\$5,000	Medical Payment Limit
<b>Retro Date:</b>	4/1/2021	
<b>Deductible:</b>	\$1,000	Per Claim

NA **Commercial Crime Coverage Limit**

NA **Commercial Inland Marine Coverage Limit**

### **OPTIONAL COVERAGE ENDORSEMENTS:** (If the box is checked below, this endorsement is included.)

<input type="checkbox"/>	Mold Inspections	<input type="checkbox"/>	Wind Mitigation Inspections
<input type="checkbox"/>	Termite Inspections	<input type="checkbox"/>	Sewer Pipe Inspections
<input type="checkbox"/>	Waste Disposal & Water Purification	<input type="checkbox"/>	WA Extending Reporting Endorsement
<input type="checkbox"/>	Pool and Spa Inspections	<input type="checkbox"/>	Independent Contractors
<input type="checkbox"/>	Lead Inspections	<input type="checkbox"/>	Mortgage Field Services
<input type="checkbox"/>	Radon Inspections	<input type="checkbox"/>	EIFS Inspections - Intrusive
<input type="checkbox"/>	EIFS Inspections Non-Intrusive	<input type="checkbox"/>	FHA 203(K) Consultant Coverage
<input type="checkbox"/>	Carbon Monoxide Inspections	<input type="checkbox"/>	Expert Witness Coverage
<input type="checkbox"/>	Code Inspections	<input checked="" type="checkbox"/>	Drone Liability \$100,000 Sublimit (now included)
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	



**Policy Forms: Inspector Professional Liability Coverage Form -Claims Made  
Commercial General Liability Coverage Form Claims Made**

**Notable Exclusions:**

**Professional Liability:** Architects or Engineers, Mold, Termite/Pest, Waste Disposal and Water Purification, Pool and Spa, Lead, Radon, EIFS, Carbon Monoxide, Code, Wind Mitigation, Sewer Pipe, Independent Contractors, Mortgage Field Services, EIFS Intrusive, FHA (203K Consultants), Expert Witness, and Independent Contractors. (Refer to page 1 – Optional Coverage Endorsements)

**Note: This policy requires that a signed inspection agreement be obtained before "Inspection Services" are commenced. Also, please ensure your most recent Inspection Agreement has been forwarded to our office as it is made a part of your policy.**

**General Liability:** Architects or Engineers Professional Liability, Total Pollution, Intellectual Property, Nuclear Energy Liability, Organic Pathogen, Silica or Related Dust, Employment – Related Practices Exclusion, Absolute Asbestos Exclusion, Lead, Metal Gas, Aircraft Products and Grounding, Employers Liability, Nuclear, Biological, or Chemical Exclusion. (Refer to page 1 – Optional Coverage Endorsements)

**Description of Operations:** Home Inspector

**Additional Conditions:** Defense within the limit, No flat cancellations, 25% minimum earned premium applies, Coverage for EIFS is conditional to proof of an active or valid certification.

**Subjectivities (if applicable):**

**Payment Details**

Premium:	\$1,109.00
Risk Purchasing Group Fee:	\$750.00
Utah Stamping Fee:	\$2.00
Utah State Tax:	\$47.13
Total:	\$1,908.13

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON STATEMENTS MADE BY YOU OR YOUR RETAIL BROKER, WE HAVE BOUND COVERAGE AT YOUR REQUEST.

A handwritten signature in black ink, appearing to read "Anthony Endrey", is written over a horizontal line.

Authorized Agent

**Alaska Notice**

**The insurer does not hold a certificate of authority issued by Alaska and is not subject to supervision by Alaska. In the event of an insolvency, losses will not be covered under AS 21.80 the Alaska Insurance Guaranty Association Act.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Citadel Insurance Services, LC 2600 W Executive Pkwy, Ste 500 Lehi, UT 84043	<b>CONTACT NAME:</b> Will Colton <b>PHONE:</b> 801-610-2713 <b>FAX:</b> <b>EMAIL ADDR:</b> wcolton@inspectorprotect.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Republic-Vanguard Insurance Company
	<b>INSURER B :</b>
	<b>INSURER C :</b>
	<b>INSURER D :</b>
	<b>INSURER E :</b>
	<b>INSURER F :</b>

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			RVA1018602.1004784-02	4/1/2023	4/1/2024	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000
							MED EXP (ANY ONE PERSON) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG \$1,000,000
	OTHER:						
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per Person)
	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)
	HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/>	OCCUR				EACH OCCURRENCE
	<b>EXCESS LIAB</b>	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE
	DED <input type="checkbox"/>	<input type="checkbox"/>	RETENTION \$				
	<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT
A	PROFESSIONAL (E&O) - CLAIMS MADE			RVA1018602.1004784-02	4/1/2023	4/1/2024	PER CLAIM LIMIT \$1,000,000
							AGGREGATE \$1,000,000

DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)

Insured / Inspector(s): Jason Heitz, Landon Heitz

<b>CERTIFICATE HOLDER</b> Proof of Insurance	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> Anthony Eardley
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