

INSURANCE FOR YOUR LICENSE

N.C. General Statute 143-151.51(b) requires general liability insurance of \$250,000 to be eligible to be a licensed home inspector. Please include this information along with the expiration date. (Red Box 1)

Please have the insurance company list your name in the Description of Operations box to show you are covered under the company policy. (Red Box 2)

Certificate Holder must read: "NC Home Inspector Licensure Board" with the following address "1202 Mail Service Center, Raleigh, NC 27699". (Red Box 3)

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)	
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).					
PRODUCER		CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____			
INSURED		INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____			
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 SUBR INSD VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
	COMMERCIAL GENERAL LIABILITY				
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
	OTHER: _____				
	AUTOMOBILE LIABILITY				
	ANY AUTO <input type="checkbox"/>				
	OWNED AUTOS ONLY <input type="checkbox"/>				
	HIRE AUTOS ONLY <input type="checkbox"/>				
	SCHEDULED AUTOS ONLY <input type="checkbox"/>				
	NON-OWNED AUTOS ONLY <input type="checkbox"/>				
	UMBRELLA LIAB <input type="checkbox"/>				
	EXCESS LIAB <input type="checkbox"/>				
	RETENTION \$ _____				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				
	If yes, describe under DESCRIPTION OF OPERATIONS below				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
CERTIFICATE HOLDER					
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
AUTHORIZED REPRESENTATIVE					
ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD					

Step 1: Login and pay license fee.

Step 2: New login information will be provided by the license administrator.

Step 3: Must be uploaded to your profile and updated annually before the policy expiration date with the NCHILB listed as the Certificate Holder.

- This statute **also** requires **one** of the following:
 - Minimum net assets of \$5,000
 - Bond in the amount of \$5,000 (NCHILB Template Form)
 - Errors and omissions insurance in the amount of \$250,000

Any questions may be directed to Sarah Barcenas at Sarah.Barcenas@ncdoi.gov.