

This application must be completed by the Licensed Broker or designee on behalf of the firm. All questions must be fully answered and the application signed by an owner, officer, or principal of the firm.

INSURANCE FOR REAL ESTATE PROFESSIONALS

RE v1 - pg 1

Producer Information

Name: _____	Phone: _____
Address: _____	Fax: _____
_____	Email: _____

1) General Information

Principal Contact: _____ Title: _____

E-Mail: _____

Work Phone: _____ Cell: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Form of Business Entity: Corporation Sole Proprietorship Partnership LLC

Name of Entity: _____ Prof. Designations: (Ex. GRI/CRS) _____

DBA's (List All): _____

Owner: _____ Licensed Date: ____/____/____ License #: _____

Broker: _____ Licensed Date: ____/____/____ License #: _____

of Brokers: _____ # of Agents: _____ # of Loan Officers: _____ # of Clerical/Unlicensed: _____

Yes No Are you controlled, owned by, or associated with, or do you control or own any other business?

If yes, please describe: _____

Do you or any principals, partners, brokers, or agents of the applicant participate in:

Yes No Real Estate Development/Construction: _____% (of total business)

Yes No Group Investments/Syndications: _____% (of total business)

Yes No Has any policy or application for E&O insurance on behalf of the firm or any of its brokers, owners, agents, or of its predecessors ever been declined, cancelled or non-renewed in the last 5 years?

****NOT APPLICABLE IN MISSOURI****

Prior to answering the following questions in with an (*), please consult all of your staff for verification

- * Yes No Have any claims been made during the past 5 years against you, current/past agents, brokers, employees or clients in connection with your provision of professional services?
(Fill out supplemental claim form for each)
- * Yes No Do you or your agents buy or sell your own properties?
How many in the past 12 months? _____ Anticipated next 12 Months? _____
- * Yes No Are you aware of any act, error, omission, or other circumstance which might reasonably be expected to be the basis of a claim or suit against you, current/past agents, brokers, employees or clients in connection with your provision of professional services?
- * Yes No Have you ever / do you intend to list a new or conversion condominium project?
- * Yes No Do you intend to, or have you discussed with any developer, contractor or Homeowners association listing for sale any new condominium project or condominium conversion project?
If yes, Please give details: _____

% of transactions covered by home warranties: _____ % Companies used: _____

Average sale price of residential transactions sold in past year: \$ _____ Average Real Estate Commission: _____%

3 largest residential real estate sale prices from past twelve (12) months:

\$ _____ \$ _____ \$ _____

Sales using a transaction coordinator: _____% Sales representing: Buyer _____% Seller _____% Dual _____%

Yes No Do you have any outstanding liens or judgments or been in receivership or bankruptcy proceedings in the last five years?
If yes, please describe: _____

Yes No Are you engaged in mortgage brokering? (If yes, please complete the attached Mortgage Supplement App)

List real estate errors and omissions insurance policies carried over past 5 years (if applicable):

Start Date	End Date	Carrier Name	Liability Limits	Deductible	Premium

Requested Effective Date: ____/____/____ Prior Acts Date: ____/____/____ (attach current declarations page)

Requested Limits: (choose one) \$500,000/\$500,000 \$1,000,000/\$1,000,000 Other \$ _____

Requested Deductible: (choose one) \$2,500 \$5,000 Other \$ _____

Requested Payment Plan: Per Transaction Fixed-Annual Provide both Plans

List Gross Commission Income (prior to commission split) for past and projected 12 month periods.

ACTIVITY **Be sure to list all firm revenue**	Past 12 months <i>(NOT CALENDAR YEAR)</i>		Projected next 12 months	
	Gross Commission Income (GCI)	Total Trans <small>Count Dual as 2</small>	Gross Commission Income (GCI)	Total Trans <small>Count Dual as 2</small>
Residential Real Estate Sales <i>(1-4 Units)</i>	\$	#	\$	#
Commercial Real Estate Sales <i>(includes 5+ Units)</i>	\$	#	\$	#
Vacant Land Sales	\$	#	\$	#
Real Estate Counseling/Consulting	\$	#	\$	#
1-4 Units Real Estate Leasing Fees	\$	#	\$	#
5+ Units Real Estate Leasing Fees	\$	#	\$	#
Commercial Real Estate Leasing Fees	\$	#	\$	#
Real Estate Appraisal	\$	#	\$	#
Commercial Real Estate Appraisal	\$	#	\$	#
1-4 Units Property Mgt. Fees	\$	#	\$	#
5+ Units/Commercial Property Mgt. Fees	\$	#	\$	#
Mortgage Brokering	\$	#	\$	#
Mortgage Banking	\$	#	\$	#
Escrow: Broker Held _____ or 3rd Party _____	\$	#	\$	#
Business Opportunities	\$	#	\$	#
Referrals	\$	#	\$	#
Other:	\$	#	\$	#

2) Commercial Activity

Yes No Are you engaged in commercial real estate sales? ****If YES complete this section. If NO, skip this section****

Provide percentages of type of commercial transactions for the past 3 years below: ****All columns must total 100%****

Column 1	Column 2	Column 3
Office Leasing Habitational Leasing (5+Units) Warehouse Leasing Prop. Mgmt (5+Units)	Office Sales Warehouse Sales Vacant Land Habitational (5-29 units sales)	Habitational (30+ unit sales) Research & Development Industrial/Manufacturing Entitlement Operations Retail
_____ % Column 1	_____ % Column 2	_____ % Column 3

List the 3 highest sale prices in the last 3 years and what type of commercial they were:

\$ _____ Type _____ \$ _____ Type _____ \$ _____ Type _____

How often do you represent: Buyer Only: _____% Seller Only: _____% Dual: _____% **(Must equal 100%)**

Yes No Do you have dedicated agents conducting your commercial transactions?

Yes No Does your office employ attorneys to assist with commercial contracts?

Yes No Do you plan to do any commercial transaction in the next 12 months?

If yes, what type _____

2) Terms and Signature

This insurance is written on a Claims-made basis; therefore, only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means a demand for money or services, or the filing of suit or institution of arbitration or mediation proceedings naming an Insured that may allege a negligent act, error, omission or personal injury resulting from the rendering of or failure to render professional services.

THIS APPLICATION IS FOR QUOTATION PURPOSES ONLY AND DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.

I certify that I have read this application in full and that all information I have provided is true and complete to the best of my knowledge. I agree that any policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, coverage limits or deductibles, or other terms as a result of facts requested here, or other underwriting factors. I further understand that any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of my insurability may result in a rescission of coverage. I further understand and agree that if any remittance by us or on our behalf, is not honored by my bank, coverage may be rescinded and there will be no coverage afforded under this application or any subsequent binder, policy or renewal.

This application and supporting documents, addenda or modifications shall constitute the entire application. The application warrants that all information contained therein is true and accurate and that he/she has the authority to provide the information and execute the application whether the signature is received via facsimile or original. This application is a critical part of any policy issued in the connection with it.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal (FL-felony in the third degree) and civil penalties. Not applicable in CO, HI, NE, OH, OK, OR, or VT, in DC, LA, ME, TN and VA, insurance benefits may also be denied)

Name _____ Title _____

Signature _____ Date _____ / _____ / _____

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR A PRINCIPAL OF THE FIRM

Supplement for MORTGAGE BROKERING

Please provide a breakdown of the following:	PAST 12 MONTHS		NEXT 12 MONTHS	
	Gross Commission Income	# of Transactions	Gross Commission Income	# of Transactions
Mortgage Brokering	\$		\$	
Broker Held Escrow	\$		\$	
Value of Largest Mortgage \$		Average Loan Amount \$		

Names of top 3 lenders used: _____ Percentage used: _____ %
 _____ %
 _____ %

Number of loan officers: _____ Unlicensed employees / others: _____

What Percentage of your total loans are: A Loans _____% B Loans _____% C Loans _____%

_____ % of loans have a Yield Spread Premium?

_____ % of loans are Jumbo Loans?

_____ % of loans are Combo Loans?

_____ % of gross revenues involves mortgages placed through Governmental Agencies and Savings & Loans?

_____ % of loans fund new construction?

Yes No Does the state in which you originate loans require you to be licensed? License #: _____

Yes No Do you perform any underwriting duties?

Yes No Do you solicit investor /use your own capital in loans you broker?

Yes No Do you hold loans longer than 30 days?

Yes No Do you fund any: Loans via a warehouse line of credit or other means in your own name?

Yes No Loans without having advance written commitment from an investor?

Yes No Reverse mortgages?

Yes No Do you provide loan-servicing duties?

Yes No Have you ever had a correspondent relationship terminated by an investor?

Yes No Does your company broker or fund any commercial loans?

If you answered YES to any of these questions, please explain on a separate sheet of company letterhead

Do you have a fidelity or employees dishonesty bond? YES NO

Do you have written procedures for compliance with: Truth in Lending? YES NO

Equal Credit Opportunity Act? YES NO

Real Estate Settlement Procedures Act? YES NO

Do you perform internal audits? YES NO

How often? _____ Date of last audit: _____

Are you audited by external sources? YES NO

How often? _____ Date of last audit: _____

FRAUD WARNINGS BY STATE

ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA APPLICANTS: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE & VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.