



9. Provide your gross revenues from the last fiscal year. If newly established, please provide an estimate of revenues for the current annual period (Gross revenues are defined as all fees and commissions before expenses, including fees, commissions and bonuses payable to employees and independent contractors):

	<u>Gross Revenues for</u> Last Fiscal Year	<u># of Transaction sides</u> (closed real estate sales for last fiscal year)	<u>Projected Revenues for</u> Current Fiscal Year	<u>Projected # of</u> Transaction Sides
a. Residential Sales & Leasing	\$ _____	_____	\$ _____	_____
b. Owned Residential Property Sales	\$ _____	_____	\$ _____	_____
c. Residential Appraisals	\$ _____	_____	\$ _____	_____
d. Residential Farm Land	\$ _____	_____	\$ _____	_____
e. Raw Land Zoned Residential	\$ _____	_____	\$ _____	_____
f. Commercial Sales & Leasing	\$ _____	_____	\$ _____	_____
g. Owned Commercial Property Sales	\$ _____	_____	\$ _____	_____
h. Commercial Appraisals	\$ _____	_____	\$ _____	_____
i. Non-Residential Farm Land	\$ _____	_____	\$ _____	_____
j. Raw Land Zoned Non-Residential	\$ _____	_____	\$ _____	_____
k. Sale of Business Opportunities	\$ _____	_____	\$ _____	_____
l. Auctioneering (Real Property)	\$ _____	_____	\$ _____	_____
m. Property Management	\$ _____	_____	\$ _____	_____
n. Mortgage Brokering (Only if coverage is desired)	\$ _____	_____	\$ _____	_____
o. Real Estate Consulting (provide details)	\$ _____	_____	\$ _____	_____
p. Other (Specify)	\$ _____	_____	\$ _____	_____

Details of Real Estate Consulting (o) and Other (p) from above:

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10. Does the applicant have documented procedures which include instructions on how to handle complaints and compliance with Federal, State and Local statutes?  Yes  No
11. Does the applicant use approved board of REALTORS® or state association of REALTORS® standard contract forms for the listing and sale of all Real Estate?  Yes  No *If No, please explain.*
12. In the past year, what was the average value of properties sold by applicant? \_\_\_\_\_
13. Does the firm offer a Home Warranty Program at all closings?  Yes  No
14. What percentage of transactions involve acting as a dual agent, intermediary or transactional broker? \_\_\_\_\_%
15. Has any member of your firm been involved in asset or property preservation services including any incidental repair work on bank owned properties within the last 3 year period?  Yes  No
16. Has any member of your firm been involved in property rehabilitation services on bank owned properties within the last 3 year period?  Yes  No  
*If Yes to question 15 or 16, were all such repairs contracted by you done by a licensed contractor?  Yes  No*
17. For any bank owned properties where you represent the buyer, do you advise the buyer in writing to have the property inspected by a licensed and insured home inspector prior to purchase?  Yes  No
18. Has any member of your firm engaged in acquiring the properties or deeds of financially distressed homeowners, including sale – leaseback agreements within the last 3 year period?  Yes  No  N/A

19. a. Has the applicant engaged in any eviction services on pre-foreclosed or bank owned properties within the last 3 years?  Yes  No  
 b. If Yes to item 19a, was the preparation, filing and service of the eviction complaint and obtaining the eviction judgment handled by an attorney?  Yes  No
20. Is any client responsible for more than 25% of the applicant's annual income?  Yes  No  
 If Yes, provide details on a separate sheet.
21. Does the firm perform or intend to perform professional services for REITS or property syndications?  Yes  No  
 If Yes, what is the percentage of the gross commission income derived from these services? \_\_\_\_\_%
22. During the past 5 years:  
 a. Has the applicant been involved in any merger, acquisition, or consolidation?  Yes  No  
 If Yes, provide details on a separate sheet and include any name changes for the firm.  
 b. Has any principal, partner, director, officer, or professional of the applicant performed professional services for any other business which the applicant has any ownership or managerial interest?  Yes  No  
 If Yes, provide details on a separate sheet.
23. Does the applicant transact business in multiple states or outside of the United States?  Yes  No  
 If Yes, provide details on a separate sheet, including the percent (%) of total gross revenues from each state or country.
24. After inquiry, is the applicant, or anyone to whom this insurance will apply, aware of any:  
 a. Professional Liability claim made against them in the past 5 years?  Yes  No  
 b. Act or omissions in the performance of professional service for others which might reasonably be expected to be the basis of a claim or suit against them?  Yes  No  
 c. Complaint, disciplinary action or investigation by any regulatory authority?  Yes  No  
 d. Changes in any claims previously reported on past applications?  Yes  No

**IMPORTANT NOTE:** The applicant's disclosure of claim information does not indicate nor imply, in any way, that any act or omission is covered by this policy. In addition, circumstances or incidents that might reasonably be expected to be the basis of a claim MUST be reported to the applicant's current insurer before the claim reporting period expires.

**NEW BUSINESS APPLICANTS ONLY MUST COMPLETE QUESTIONS 25-27**

25. **Notice to Missouri Residents: This question does not apply:** During the past 5 years has any insurance carrier declined, canceled or refused renewal of similar insurance on behalf of this applicant or anyone to whom this insurance will apply (Other than due to loss of market)?  Yes  No If Yes, provide details on a separate sheet and include the date, carrier and reason.
26. List Previous Professional Liability Coverage policies this individual, firm or predecessors of firm have held within the last 5 years. If no insurance was in effect for a given year, state "none" where applicable below:

Company	Policy Period	Limit of Liability	Deductible	Premium	Retro Date
_____	_____ to _____	_____	_____	\$ _____	_____
_____	_____ to _____	_____	_____	\$ _____	_____
_____	_____ to _____	_____	_____	\$ _____	_____
_____	_____ to _____	_____	_____	\$ _____	_____
_____	_____ to _____	_____	_____	\$ _____	_____

27. Has the applicant ever purchased an extended reporting period endorsement?  Yes  No  
 If Yes, please provide details to include the date, carrier and reason:

\_\_\_\_\_

\_\_\_\_\_

**28. Coverage Selection:**

- a. Limits of Liability: Per Claim \_\_\_\_\_ Policy Aggregate \_\_\_\_\_
- b. Deductible: \_\_\_\_\_  Loss Only  Loss and Claims Expenses
- c. Desired Policy Effective Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.**

The undersigned is authorized by, and acting on behalf of, the Applicant and represents that all statements and particulars herein are true, complete and accurate to the best of their knowledge and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the Applicant's professional liability coverage.

Please print your name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For New Hampshire Agents Only: Agent Name and Signature Required**

Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

MGA  
Address  
City State Zip  
Phone: • Fax: • Web:

