



NAVIGATORS INSURANCE COMPANY
Real Estate Professional Errors and Omissions Insurance
EXPRESS APPLICATION
Kansas



To be eligible for this application you must be able to answer "true" to statements 1-7 below.

Please contact our office if you are not eligible for this program or need coverage for services not offered under the Express program.

Applicant Firm Name _____

Contact _____

Principal Street Address _____

City _____ County _____ ST _____ ZIP _____

Mailing Address _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____

Total # of professionals earning \$20,000/yr or more _____ Total # of professionals earning less than \$20,000/yr _____

Annual # of Transaction Sides _____ (on closed real estate sales)

Status of Insured: Independent Contractor Sole Proprietor Partnership/LLP Corporation/LLC

NEW BUSINESS ACCOUNTS: Desired Effective Date ____ / ____ / ____ Retroactive Date ____ / ____ / ____

RENEWAL ACCOUNTS: Expiring Policy Number _____

If you have a policy in force, you will need prior acts coverage. Attach a copy of your current Declarations page showing the prior acts date.

<i>To be eligible for the premium options shown below, the Responses to statements 1 through 7 must all be "True".</i>	
1. No owner, agent or member of the Applicant company has had their license revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body within the last 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
2. No owner, agent or member of the Applicant company has been cancelled, refused insurance or declined by an insurance carrier during the last 5 years (except due to loss of market or non payment of premium).	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the company is involved in business brokering, mortgage brokering, appraisal services, property management, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
4. No owner or agent of the company has an exclusive listing agreement with any builder/developer.	<input type="checkbox"/> True <input type="checkbox"/> False
5. The Applicant's COMBINED total gross revenues did not exceed \$500,000.00 for the last three (3) year period (gross revenues are defined as all fees and commissions before expenses payable to employees and independent contractors).	<input type="checkbox"/> True <input type="checkbox"/> False
6. The Applicant and anyone to whom this insurance will apply is not aware of any professional liability claim or any acts, errors, omission or Personal Injuries which might reasonably be expected to be the basis of a claim made against them within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
7. No owner, agent or member of the Applicant has provided services related to properties that included involvement in any eviction procedures, delivering or negotiating cash for keys offers or property rehabilitation.	<input type="checkbox"/> True <input type="checkbox"/> False

Turn to Page 2 to Select and Circle Your Premium Option and Remit With Your Application

**SELECT AND CIRCLE YOUR DESIRED PREMIUM OPTION
AND REMIT WITH YOUR APPLICATION**

ALL STATES EXCEPT CALIFORNIA

Florida, Kentucky, New Jersey and West Virginia Applicants: Please see notes below regarding State taxes or surcharges required.

Claim Expenses are Outside the Limits of Liability

Deductible Loss & Expense	\$100,000/\$300,000	\$250,000/\$250,000	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$1,000.00	\$482.00	\$510.00	\$567.00	\$601.00	\$630.00
\$2,500.00	\$428.00	\$455.00	\$513.00	\$547.00	\$576.00
\$5,000.00	\$350.00	\$378.00	\$435.00	\$469.00	\$498.00

____ **One (1) year policy term option** - - premium option selected above plus any applicable State taxes or surcharges.

____ **Two (2) year policy term option*** - - whereby your policy limits are reinstated one year from the effective date. No renewal application will be required until the two year term has expired.

***Premium for the 2 year policy term option is the rate selected above multiplied by 2 = _____ plus any applicable State taxes or surcharges.**

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

DISCLAIMER

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. 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 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: _____

To bind coverage please send the completed application and check (including all taxes/surcharges, if applicable) to your agent listed below:

ELECTRONIC SELECTION / REJECTION OPTION FORM

Your insurer may be required by law to obtain consent from insureds prior to engaging in any electronic delivery of insurance policies and/or other supporting documents in connection with the policy. You have the right to:

- Select electronic delivery;
- Select electronic delivery and paper delivery;
- Reject electronic delivery;
- Withdraw your consent if you decide you no longer want to receive electronic delivery of your insurance policy and/or other supporting documents in connection with your insurance policy.

SELECTION OF ELECTRONIC INSURANCE POLICY DELIVERY OPTION

I select the option to receive the following documents in connection with my insurance policy electronically, for myself and all those covered under the policy. I acknowledge I may no longer receive paper copies of my insurance policy, unless I advise my insurer to continue to provide paper copies in addition to electronic copies.

- Insurance Policy
- Identification Card
- Notices of Cancellation
- Notices of Nonrenewal
- Other supporting documents in connection with my insurance policy

SELECTION OF ELECTRONIC DELIVERY AND PAPER DELIVERY OPTION

I select the option to receive both electronic and paper copies of my insurance policy and/or other supporting documents in connection with my insurance policy, for myself and all those covered under the policy

REJECTION OF ELECTRONIC DELIVERY OPTION

I reject the option to receive my insurance policy and/or other supporting documents in connection with my insurance policy electronically, for myself and all those covered under the policy. I will continue to receive paper copies of such documents.

WITHDRAWAL OF CONSENT OF ELECTRONIC DELIVERY

I withdraw my previous consent of electronic delivery of my insurance policy and/or other supporting documents in connection with my insurance policy, for myself and all those covered under the policy. I elect to receive paper copies of such documents in the future.

ELECTRONIC DELIVERY DISCLOSURE

The policyholder who elects to allow for insurance policy and/or other supporting documents in connection with the insurance policy to be sent to the electronic mail address provided should be diligent in updating the electronic mail address provided to the insurer in the event that the address should change.

Please print your name: _____

Signature: _____

Date: _____