

To be eligible for this application you must be able to answer "true" to statements 1-6 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 _____ *In lieu of emailing, please mail me my policy.*

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 6 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 company is involved in business brokering, mortgage brokering, appraisal services, property management, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner or agent of the company has an exclusive listing agreement with any builder/developer.	<input type="checkbox"/> True <input type="checkbox"/> False
4. 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
5. 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
6. 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**

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.**

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.

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 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: _____ Title: _____

Signature: _____ Date: _____

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

