



Real Estate Professionals Errors and Omissions Liability Application

- 1) a. Legal name of firm. (If sole proprietorship, provide full name of sole proprietor.) _____

 b. All DBAs under which you operate. (Include all firm names or trading names.) _____
 _____ Franchise affiliation: _____
 c. Address of Principal Office: _____
 City: _____ State: _____ Zipcode: _____ Website: _____
 Email address: _____ Phone Number: (____) _____ Fax Number: (____) _____
 d. Type of Firm: Sole proprietorship Corporation Partnership Other (please explain) _____
 e. List all states in which the firm operates: _____
 2) Month / Year the firm was established under current ownership: _____ / _____
 3) Is the firm independently owned and operated? If No, please explain on a separate sheet. Yes No
 4) a. Has this firm undergone a change in ownership, name or operations including acquisition or mergers? **Note:** Yes No
 Coverage is not provided for predecessor firms or prior principals unless approved by the insurance company.
 If yes, please explain: _____
 b. Do you, your firm or any principal engage in any other professional or real estate related enterprises or practice? Yes No
 If yes, please explain: _____
 5) Complete the following for each principal, partner, director or officer. Use separate sheet if necessary.

Name	Title	Current License Status	Year First Licensed / Certified as Real Estate Agent:			Professional Designations	License Ever Revoked or Suspended?
			Agent:	Broker:	Other:		
		<input type="checkbox"/> Active <input type="checkbox"/> Inactive					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Active <input type="checkbox"/> Inactive					<input type="checkbox"/> Yes <input type="checkbox"/> No

- 6) **Staff:** Include individuals only once.
- | | | |
|-----------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------|
| | Number | |
| a. Principals, Partners, Directors, Officers: | _____ | *Describe Other Professionals referred to in Question 6d:

_____ |
| b. Full-Time Real Estate Professionals: | _____ | |
| c. Part-Time Real Estate Professionals: | _____ | |
| d. Other Professionals:* | _____ | |
| e. Non-Professional Employees: | _____ | |
| TOTAL STAFF: | _____ | |
- 7) Active Professional Association Memberships of key professionals: _____

COVERAGE OPTIONS REQUESTED

- 8) a. Limits of Liability (each claim / annual aggregate)
 \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 _____
 \$250,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
 b. Deductible per claim \$1,000 \$2,500 \$5,000 \$10,000 \$20,000 \$25,000 _____
 c. First Dollar Defense coverage option (additional premium): Yes No

INSURANCE AGENT MUST COMPLETE THE FOLLOWING:				
Licensed Agent/Broker Name:				
Agency Name:				
Address:				
Phone:		FAX:		
E-mail Address:				
Licensed Casualty Agent for:	Yes	No	License Number	Expiration Date
CNA Appointment?	<input type="checkbox"/>	<input type="checkbox"/>		/ /
Other Company	<input type="checkbox"/>	<input type="checkbox"/>		
Licensed Insurance Broker	<input type="checkbox"/>	<input type="checkbox"/>		/ /
Surplus Lines License?	<input type="checkbox"/>	<input type="checkbox"/>		/ /

Mail completed application through local insurance broker or agent to:



UNDERWRITING MANAGERS & PROGRAM ADMINISTRATORS

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 Chevy Chase, MD 20815-7022
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www.PlanetRealtyChoice.com / www.schinnerer.com

GENERAL QUESTIONS

- 9) a. Does the firm:
1. Have in-house office policy/procedures manual in place? Yes No
 2. Use local board, state association or other association approved contracts/forms? Yes No
(If no, attach copies of your forms.)
 3. Use an in-house counsel, counsel on retainer, and/or risk manager? Yes No
 4. Have any one client, which represents more than 25% of the firm's income and/or listings? Yes No
If yes, please explain: _____
- b. Has the firm or does the firm plan to:
1. Provide services for environmentally impacted sites? Yes No
If yes, please explain: _____
 2. Provide services for foreclosed properties? Yes No
If yes, please explain: _____
- c. In the past 12 months, have at least 75% of professionals had formal training designed to reduce real estate professional liability? Yes No
- 10)* Does the firm or anyone in the firm construct, develop or own properties they sell, appraise or lease? Yes No
If Yes, provide commission or fee income from these activities: \$ _____
- 11) Does this firm or anyone in the firm provide any of the following services: If Yes, provide gross income to the firm:
- | | | | |
|--------------------------------------------------------------------------------------------|------------------------------|-----------------------------|----------|
| a. * Real Estate Development/Construction | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| b. * Construction Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| c. * Mortgage Banking (Other than origination) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| d. * Formation or Management of Group Investments/Syndications, Trusts and/or Partnerships | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| e. Sale of timeshares | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| f. Management of associations (i.e., condominium, cooperative, homeowners) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |

If answered yes to questions 10 and 11, please provide the legal name of the firm(s) or individual(s) engaged in these services and their relationship to the applicant firm: _____

***Note:** Refer to Policy Exclusions regarding activities described in Questions 10 and 11. Income from these activities will not be included in the rating of this policy.

- 12) Real Estate Activities: Show all income, fees and commissions BEFORE split with brokers or salespeople or deduction of expenses. Do not include income reported in 10 and 11.

DO NOT REPORT PROPERTY VALUES.

PAST FISCAL YEAR Ending: _____/_____/_____

NEXT 12 MONTHS: Estimates

	PAST FISCAL YEAR		NEXT 12 MONTHS	
	#Transactions (not sides)	INCOME	#Transactions (not sides)	INCOME
a. Residential Real Estate Sales (1-4 units)	_____	\$ _____	_____	\$ _____
b. Farm and/or Ranch Sales	_____	\$ _____	_____	\$ _____
c. Land and Lot Sales	_____	\$ _____	_____	\$ _____
d. Commercial, Industrial, Income Property Sales	_____	\$ _____	_____	\$ _____
e. Business Opportunities Brokerage	_____	\$ _____	_____	\$ _____
f. Real Estate Leasing Fees	_____	\$ _____	_____	\$ _____
g. Real Estate Consulting/Counseling	_____	\$ _____	_____	\$ _____
h. Residential Real Estate Appraisal	_____	\$ _____	_____	\$ _____
i. Commercial Real Estate Appraisal	_____	\$ _____	_____	\$ _____
j. Property Management Fees	_____	\$ _____	_____	\$ _____
k. Auctioneering (Real Property Only)	_____	\$ _____	_____	\$ _____
l. Mortgage Brokerage/Financial Arrangements	_____	\$ _____	_____	\$ _____
m. Referrals	_____	\$ _____	_____	\$ _____
n. Other (Please Describe)	_____	\$ _____	_____	\$ _____
TOTAL GROSS INCOME	_____	\$ _____	_____	\$ _____

PREVIOUS COVERAGE

- 28) Do you have a professional liability insurance policy in force? Yes No
- 29) If answering yes, please forward a copy of your current declarations page and prior acts endorsement. If current coverage is in place, please complete the following for your firm with respect to Real Estate Professionals Errors and Omissions Liability Insurance for the past 6 years.

Policy Period Mo / Day / Yr	Insurance Company (Not Agent)	Limit Of Liability	Deductible	Annual Premium Or Per Transaction Rate
To				
To				
To				
To				
To				
To				

Retroactive Date ____ / ____ / ____

- 30) During the past 6 years, has any Insurance Company declined, canceled or refused to renew the applicant, any predecessor firm or anyone indicated in Question 6? Yes No

If Yes, please explain: _____

(MISSOURI APPLICANTS ARE NOT REQUIRED TO RESPOND.)

CLAIMS SECTION

Answer the Questions below only after inquiry of each member of your firm. If yes, please provide carrier loss runs or attach details of claim, etc. (We will require six years of loss runs unless firm has been in operation less time.)

- 31) Have any claims (including violations of fair housing laws) been made against your firm, any predecessor firm or anyone indicated in Question 5 or 6? Yes No
- 32) Are you aware of any act, error, omission or other circumstances, which might reasonably be expected to be the basis of claim or suit against you or anyone indicated in Question 5 or 6? Yes No
- 33) Have all matters in Questions 31 and 32 above been reported to the applicant's former or current insurers? Yes No

Note: Incidents or potential claims which might reasonably be expected to result in a claim being made should be reported to your present insurance company.

NOTE: The insurance coverage for which you are applying is written on a Claims-made Policy; therefore, only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means a demand received by you for money or services arising out of a negligent act or omission in the rendering or failure to render professional real estate services. If you have any questions about the coverage, please discuss them with your insurance agent.

WARNING - COLORADO, DISTRICT OF COLUMBIA, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW YORK, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY

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 (for New York residents only: 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.) (For Colorado Residents only: 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)

I / we hereby declare that the above statements and particulars are true and that I / we have not suppressed or misstated any material facts and I / we agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims-made basis. It is understood and agreed that completion of this application does not bind the company to issue or the applicant to purchase the insurance.

Name	Title
Signature	Date

APPLICATION MUST BE CURRENTLY SIGNED AND DATED BY A PRINCIPAL OF THE FIRM TO BE CONSIDERED FOR A QUOTATION.