

Real Estate Agents & Brokers E&O Quick Quote Application

PLEASE FAX COMPLETED FORM TO: (877) 314-3599

1. Name of Applicant: _____ Contact Name: _____
2. Phone _____ Fax: _____ Email address: _____
3. Mailing Address: _____
4. Is the applicant a: Corporation: Partnership: Sole Proprietorship: Independent Contractor:
5. Is the applicant applying coverage as a: Firm: Individual
If individual are you the Broker/Owner? Yes No
6. Date Business was established: _____ Date Applicant was licensed as a Broker _____
Date applicant was licensed as an Agent: _____
7. Name of current E&O carrier _____ Current Retro Date: _____ Policy Eff Date: _____
8. Limits and deductible currently carried: _____ / _____ / _____ / _____
Premium: _____
9. During the past 5 years has any insurance carrier declined, cancelled or refused renewal of similar insurance on behalf of this applicant, predecessor firm or anyone for whom this insurance will apply? Yes _____ No _____
If "Yes," please explain: _____

10. In the past 5 years, number of E & O claims: 0 1 2 3 4 5 or more
Has the Applicant been the subject of disciplinary action or investigation as a result of professional activities?
 Yes No
Does the Applicant have any knowledge of any potential errors or omissions claim(s)?
 Yes No
(If yes to any of the above please attach an explanation with details.)
11. Has the applicant ever purchased an extended reporting period endorsement? Yes No
If "Yes," please explain on a separate sheet
12. Has applicant or its Predecessor firm at any time in the past or present engaged in any business venture outside the scope of a real estate Organization, including but not limited to, construction, property development, mortgage banking, mortgage brokering or insurance? Yes No
If "Yes," please answer the following questions:
 - a. Please advise details:

 - b. Has more than 10% of your real estate firm's income been derived from property development or construction activities? Yes No
 - c. Do you understand that there is NO coverage under the proposed policy for Loss or Defense costs in connection with claims involving the construction, development, sale or resale of real property developed or constructed by any applicant? Yes No

13. Number of Staff: Brokers _____ Agents _____ Property Management _____ Appraisal _____
 Insurance _____ Clerical _____ Other _____ Please enclose agent roster

14. Applicant's Gross Revenue for the past 12 months (all fees and commissions before expenses, including any fees, Commissions, or bonuses payable to employees and independent contractors). Indicate gross revenue derived from the sale of property, NOT the value of properties sold.

<u>Description</u>	<u>Gross Income</u> <u>Last 12 Months</u>	<u># of Transactions</u> <u>(for last year)</u>	<u>Projected Income</u> <u>Next 12 Months</u>	<u>Estimated # of</u> <u>Transactions</u> <u>(for current year)</u>
a. Residential (Including owned farms) *	\$ _____	_____	\$ _____	_____
b. Commercial (Including residential properties over 4 units)	\$ _____	_____	\$ _____	_____
c. Property Management Fees				
Residential *	\$ _____	_____	\$ _____	_____
Commercial	\$ _____	_____	\$ _____	_____
d. Real Estate Appraisal Fees (complete addendum if over 35%)				
Residential *	\$ _____	_____	\$ _____	_____
Commercial	\$ _____	_____	\$ _____	_____
Mortgage Brokers (only if coverage is desired)	\$ _____	_____	\$ _____	_____
Other (specify)	\$ _____	_____	\$ _____	_____
TOTAL	\$ _____	_____	\$ _____	_____

*Residential Real Estate means any property containing a single-family dwelling or multiple dwellings of up to 4 units. Any properties with more than 4 units are considered commercial.

15. Percentage of Home Warranties sold on all transactions in the past 12 months: _____

16. For the past 12 months, please provide the following sale information for each classification (If new in business, please provide an estimate for the coming year):

	Average Value	Maximum Value
Residential Properties	\$ _____	\$ _____
Commercial Properties	\$ _____	\$ _____

17. Is more than 10% of applicant's commission income derived from the sale of real estate at any one location or development?
 Yes No If "Yes," please advise details on separate sheet.

18. Does your firm have an in house Policy Procedures Manual? Yes No

19. Does your firm maintain General Liability Insurance? Yes No

20. Has the applicant or any past or present staff member had their license revoked, or been subject to disciplinary action by any Real Estate Association, State Licensing Board or other regulatory body? Yes No

If "Yes," please provide details of the relationship including the percentage of gross revenue derived from these sales:

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application. I understand that an incorrect or incomplete statement could void my protection.

Signature: _____ Title: _____ Date: _____

Must be signed by a principal of the firm