

## Real Estate Professionals Errors and Omissions Insurance Application

**NOTICE:** This is an application for a "Claims-made" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.

1. Name of Applicant (*broker or company name*) \_\_\_\_\_  
 DBA(s) \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Principal Street Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

2. a. Date firm was established: \_\_\_\_\_ b. Year current owner assumed management: \_\_\_\_\_  
 c. Number of years owner licensed as an agent \_\_\_\_\_ as a broker \_\_\_\_\_ as an appraiser \_\_\_\_\_

3. Entity Type: ☐ Corporation/LLC ☐ Independent Contractor ☐ Sole Proprietor ☐ Partnership/LLP

\* **Professionals are defined as:** Owners, Partners, Officers, Real Estate Brokers/Agents/Salespersons, Appraisers, Property Managers, Consultants or Auctioneers including independent contractors.

4. a. Indicate the total number of active full time professionals: \* \_\_\_\_\_  
*\*Full time professionals are defined as earning more than \$20,000.00 in annual income.*  
 b. Indicate the number of active part time professionals: \* \_\_\_\_\_  
*\*Part time professionals are defined as earning \$20,000.00 or less in annual income.*  
 c. Indicate the total number of support staff: \_\_\_\_\_ and inactive professionals: \_\_\_\_\_

5. Does the applicant have a formalized training program for all professionals and staff? ☐ **Yes** ☐ **No**

6. Indicate the number of professional employees who participated in an accredited, continuing professional education program during the past 12 months. \_\_\_\_\_

7. Do at least 15% of all professionals hold a professional designation? (i.e. GRI, CRS, CRE, ABR, MAI, SRA) ☐ **Yes** ☐ **No**

8. Is the applicant owned, associated, or controlled by any business, investment group or syndication? ☐ **Yes** ☐ **No**  
 If Yes, Please provide the name of the entity(s) and the nature of the relationship:

9. a. Has any member of your firm engaged in property construction or development (including renovations)? ☐ **Yes** ☐ **No**  
 If Yes, check all that apply and complete 9b:  
 1. Directly (member of your firm doing work themselves) ☐  
 2. Through a licensed contractor ☐  
 3. Through a separate business entity owned by any member of your firm or their spouses ☐  
*(If you checked option 3, please complete supplemental application)*

b. Provide gross commission income derived from the sale of these properties in the past 12 months, and include this total in "Agent/Broker Owned Property Sales" under question 10 on the next page:  
 Residential \$ \_\_\_\_\_ Commercial \$ \_\_\_\_\_  
 Check here if none in the past 12 months ☐

10. Provide your gross revenues for the last 12 months and projected next 12 months. 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):

	<b>Gross Revenues</b> Last 12 months	<b># of Transaction sides</b> Last 12 months	<b>Projected Revenues</b> Next 12 months	<b># of Transactions</b> Next 12 months
<b>RESIDENTIAL</b>				
Sales	\$ _____	_____	\$ _____	_____
Leasing	\$ _____	_____	\$ _____	_____
Agent/Broker Owned Property Sales	\$ _____	_____	\$ _____	_____
Farm Land	\$ _____	_____	\$ _____	_____
Raw Land	\$ _____	_____	\$ _____	_____
Appraisals*	\$ _____	_____	\$ _____	_____
<b>COMMERCIAL</b>				
Sales	\$ _____	_____	\$ _____	_____
Leasing	\$ _____	_____	\$ _____	_____
Agent/Broker Owned Property Sales	\$ _____	_____	\$ _____	_____
Farm Land	\$ _____	_____	\$ _____	_____
Raw Land	\$ _____	_____	\$ _____	_____
Appraisals*	\$ _____	_____	\$ _____	_____
<b>OTHER SERVICES</b>				
Property Management*	\$ _____	_____	\$ _____	_____
Sale of Business Opportunities*	\$ _____	_____	\$ _____	_____
Mortgage Brokering*	\$ _____	_____	\$ _____	_____
Auctioneering (Real Property)*	\$ _____	_____	\$ _____	_____
Short-term Escrow (distributed within 1 year)	\$ _____	_____	\$ _____	_____
Real Estate Consulting (details below)	\$ _____	_____	\$ _____	_____
Other (provide details below)	\$ _____	_____	\$ _____	_____

**\* If Applicant has revenue derived from any services denoted by an asterisk, please complete the supplemental application.**

Details of "Real Estate Consulting" and "Other" from above: \_\_\_\_\_

11. Does the applicant have documented procedures which include instructions on how to handle complaints and compliance with Federal, State and Local statutes? **Yes** **No**
12. 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 \_\_\_\_\_
13. In the past year:  
a. what was the average value of properties sold: \$ \_\_\_\_\_, or appraised (if applicable) \$ \_\_\_\_\_  
b. what was the average commission percentage earned on closed real estate sales: \_\_\_\_\_%
14. Has the applicant ever had a transaction valued at \$10,000,000 or more? **Yes** **No**  
If yes, please provide the date(s) of sale, type of property, and sale price(s): \_\_\_\_\_
15. What percentage of residential transactions included a: a. Signed property disclosure form? \_\_\_\_\_%  
b. Home warranty program? \_\_\_\_\_% c. Home inspection or written waiver? \_\_\_\_\_%
16. a. What percentage of transactions involve acting as a: dual agent \_\_\_\_\_% intermediary \_\_\_\_\_% or transactional broker \_\_\_\_\_%  
b. When acting as a dual agent, is dual agency disclosed to all parties in writing? **Yes** **No**

17. 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**  
If Yes, were all such repairs contracted by you done by a licensed contractor? **Yes No**
18. 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, were all such repairs contracted by you done by a licensed contractor? **Yes No**
19. 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**
20. Has any member of your firm directly acquired the properties or deeds of financially distressed homeowners, including sale – leaseback agreements within the last 3 year period? **Yes No N/A**
21. Has the applicant engaged in any eviction services on pre-foreclosed or bank owned properties within the last 3 years? **Yes No**  
If Yes, was the preparation, filing and service of the eviction complaint and obtaining the eviction judgment handled by an attorney? **Yes No**
22. Has the applicant engaged in any services which involved delivering or negotiating cash-for-keys offers or property rehabilitation? **Yes No**  
If Yes, what is the percentage of the gross commission income derived from these services? \_\_\_\_\_%
23. Is any client responsible for more than 25% of the applicant's annual income? **Yes No**  
If Yes, provide the name, relationship and total revenue from the client: \_\_\_\_\_
24. 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? \_\_\_\_\_%
25. 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: \_\_\_\_\_
26. 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. Changes in any claims previously reported on past applications? **Yes No**
- d. License revoked by any licensing board, real estate association, or other regulatory body in past 5 years? **Yes No**
- e. License suspension by any licensing board, real estate association, or regulatory body in past 3 years? **Yes No**
- f. Fines of more than \$10,000 (in the aggregate) by any licensing board, real estate association, or other regulatory body in the past 3 years? **Yes No**

**IMPORTANT NOTE:** The applicant's non disclosure of claim information does not indicate nor imply, in any way, that any act or commission 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 26-28**

27. 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)? **\*\*This question does not apply to Missouri residents\*\***  
☐ **Yes** ☐ **No** If Yes, provide details on a separate sheet and include the date, carrier and reason.

**28.** 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 _____	_____	_____	\$ _____	_____

**29.** Has the applicant ever purchased an extended reporting period endorsement? ☐ Yes ☐ No

If Yes, please provide details to include the date, carrier and reason:

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**30. Coverage Selection:**

a. Limits of Liability: Per Claim \_\_\_\_\_ Policy Aggregate \_\_\_\_\_

☐ Claims Expense Inside the Limit or ☐ Claims Expense Outside the Limit

b. Deductible: \_\_\_\_\_

c. Desired Policy Effective Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

d. Current Policy Retroactive Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Attach current Declarations page)

**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.

**ARKANSAS, LOUISIANA AND WEST VIRGINIA FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO FRAUD WARNING:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance benefits, and/or civil damages. In Colorado, 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.

**D.C. FRAUD WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA FRAUD WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KANSAS FRAUD WARNING:** A "fraudulent insurance act" means an act committed by 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

**KENTUCKY FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**MAINE FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**MARYLAND FRAUD WARNING:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MINNESOTA FRAUD WARNING:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW JERSEY FRAUD WARNING:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK 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 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.

**OHIO FRAUD WARNING:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA APPLICANTS:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material to the content of the contract commits a fraudulent insurance act, which may be violating state law and may be subject to prosecution for insurance fraud.

**PENNSYLVANIA 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.

**TENNESSEE FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VIRGINIA AND WASHINGTON FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VERMONT FRAUD WARNING:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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 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 \_\_\_\_\_

**For Florida Only:**

Insurance Agent/Producer Name \_\_\_\_\_ Insurance License # \_\_\_\_\_

**For Iowa Only: Insurance Agent Name Required**

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

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

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