

**APPLICATION FOR
REAL ESTATE AGENT'S AND BROKER'S
PROFESSIONAL LIABILITY
INSURANCE
(CLAIMS—MADE FORM)**

1. NAME OF APPLICANT: _____
(If other than parent firm, supply full details of ownership entity)

2. MAILING ADDRESS: _____ Phone No. _____
(If multiple name and locations, please attach list)

3. DATE ESTABLISHED _____ Corporation _____ Partnership _____ Individual _____

4. Is the firm engaged in, owned by, associated with or controlled by any other business? _____ If yes, give details

5. Give E & O coverage for last three years for the firm:

Carrier	Limit	Deductible	Expiration: Month/Day/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Has any application for similar insurance on behalf of the firm, or any of its partners, executive officers or directors, or to the knowledge of the named firm, on behalf of its predecessors in business ever been declined, cancelled or renewal refused? _____ If yes, explain in detail _____

7. Have any claims been made during the past five years against the firm, their predecessors in business or any of the present partners or to the knowledge of the firm against any past partner? Yes _____ No _____ If yes, please give the following information on each claim (by separate attachment if necessary).

Date of Loss _____ Name of claimant _____
Amount of claim _____ Brief narrative of circumstance _____

Present status or amount paid and by whom _____

8. Is the firm aware of any circumstances which may result in any claim being made against the firm, their predecessors in business or any of the present or past partners? Yes _____ No _____ If yes, please give full particulars.

Date of Loss _____ Name of possible claimant _____
Possible amount _____ Brief narrative of circumstance _____

9. GROSS INCOME DECLARATION

Please show all income, fees and commissions, BEFORE SPLIT WITH SALESMEN OR DEDUCTION OF EXPENSES, for the last fiscal year.

(A) REAL ESTATE SALES COMMISSIONS — PRIVATE RESIDENCES	Total income \$ _____
(B) REAL ESTATE SALES COMMISSIONS — ALL OTHERS	Total income \$ _____
(C) PROPERTY MANAGEMENT FEES	Total income \$ _____
(D) MORTGAGE BROKERING FEES	Total income \$ _____
(E) REAL ESTATE APPRAISING FEES	Total income \$ _____
(F) INSURANCE AGENCY COMMISSIONS	Total income \$ _____
(G) OTHER, describe	Total income \$ _____
TOTAL GROSS INCOME \$ _____	

10. DECLARATION OF STAFF

- (a) Total number of Owners, Officers or Partners..... _____
- (b) Total number of Real Estate Brokers and Salesmen licensed to, or under contract to the firm:..... _____
- (c) Total number of licensed Insurance Agents, Brokers or Solicitors:..... _____

The annual premium is based on total staff. Please distribute your staff to the department in which they are primarily involved. COUNT EACH PERSON ONLY ONCE! Include *all* part-time staff members.

- 1. Real Estate sales dept. _____
- 2. Property Management dept. _____
- 3. Mortgage Brokering dept. _____
- 4. Appraising dept. _____
- 5. Escrow dept. _____
- 6. Insurance dept. _____
- 7. Misc. clerical (phone, bookkeepers etc.) _____
- 8. Other, describe _____

TOTAL NUMBER OF STAFF _____

- 11. Real estate sales last year (a) Residential _____% (b) Commercial _____%
- Property Management (a) Residential _____% (b) Commercial _____% (c) Other, describe _____%

12. IF YOU HAVE AN INSURANCE DEPARTMENT: Total premium volume last year \$ _____
 Total premium volume previous year \$ _____

Total premium volume last year	Commercial	Personal	Group	Individual	Reinsurance
Casualty	\$ _____	\$ _____	_____	_____	\$ _____
Property	\$ _____	\$ _____	_____	_____	\$ _____
Life	_____	_____	\$ _____	\$ _____	\$ _____
Accident & Health	_____	_____	\$ _____	\$ _____	\$ _____
Marine & Aviation	\$ _____	\$ _____	_____	_____	\$ _____

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 sole basis of any subsequent contract of insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance and the Company retains the right to determine the minimum acceptable limit of liability.

_____ Date _____ Signature of applicant _____ Title _____

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTION AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY.

Coverage is requested effective as of _____ 19____ for a limit of \$ _____ with a deductible of \$ _____