



REAL ESTATE PROFESSIONAL LIABILITY APPLICATION

NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF THE POLICY IS ISSUED, SOME COVERAGES WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.

“You,” “Your” or “Applicant” refer individually and collectively to the **Applicant**, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(s), proposed for this insurance. Some sections of the Application may not apply to **You**. If this is the case, please mark “not applicable” (N/A). In the event **You** need more space to fully answer a question, please attach separate sheet(s) to this Application with **Your** full answer. Before continuing, please attach copies of:

1. Standard contracts and agreements (customer and independent contractor).
2. Current financial statements (e.g. annual report, audit, 10K, pro-forma, etc.).
3. Loss runs for the past three (3) years.
4. If less than two (2) years in business, a business plan and resumes of principal officers.
5. Sample of services brochure and advertising materials.
6. List of mergers, acquisitions or divestitures within past three (3) years, including dates and whether **You** acquired or retained assets, liabilities, or both; applicable retroactive dates; scope of due diligence (contracts, prior litigation).
7. Other information that **You** believe will better help us understand **Your** business.

I. GENERAL INFORMATION

Full Name of Applicant : <i>(attach separate list of subsidiaries for which coverage is sought under this Application[†])</i>			
Applicant Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (describe: : _____)		
Applicant ownership	<input type="checkbox"/> Publicly traded <input type="checkbox"/> Privately held		
Mailing Address:			
Telephone: _____	State of Incorporation: _____	<input type="checkbox"/> NA	
Date Established: _____	No. of Employees: _____		
Risk Manager/Contact: _____	Contact E-Mail Address: _____		
Applicant Home Page:	http:// _____		
Business Description:			
Requested Effective Date: _____	Requested Retroactive Date: _____		
Aggregate Limit Requested: \$ _____	Retention Options: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> Other \$ _____		
Broker: _____	Broker Phone Number: _____		

* Terms appearing in **bold** type have special meanings. See Clause 2. of the policy for more information.

† If this blank is not completed “**Insurer**” shall mean the insurer that issues the policy to the **Applicant** based on this Application.

‡ For each subsidiary listed, include **Your** percentage of ownership, the acquisition or formation date of such subsidiary and the services performed by such subsidiary. Regardless of the list of subsidiaries provided by **You**, there shall be no coverage for any subsidiary unless specifically endorsed to the proposed policy, or if “blanket” subsidiary coverage is specifically provided, such subsidiary falls within the definition of “subsidiary” as defined in the policy issued.

II. REVENUE INFORMATION[§]

(Fiscal year basis)	Prior Year	Current Year	Projected Next Year
Total U.S. Revenue	\$ _____	\$ _____	\$ _____
Total Non-U.S. Revenue	\$ _____	\$ _____	\$ _____
Total # of Transactions	_____	_____	_____
Net Income	\$ _____	\$ _____	\$ _____
Current Assets	\$ _____	\$ _____	\$ _____
Current Liabilities	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____
Total Debt	\$ _____	\$ _____	\$ _____

PROFESSIONAL SERVICE ALLOCATION

Select the business activity(ies) You perform. Also, estimate Your total annual projected worldwide revenue for the next fiscal year for such activity(ies):

Professional Service	Projected Annual Revenues
<input type="checkbox"/> Property Manager	\$ _____
<input type="checkbox"/> Commercial Real Estate Agent & Broker	\$ _____
<input type="checkbox"/> Residential Real Estate Agent & Broker	\$ _____
<input type="checkbox"/> Mortgage Broker Services	\$ _____
<input type="checkbox"/> Escrow Services	\$ _____
<input type="checkbox"/> Business Brokering	\$ _____
<i>Additional Sources of Revenue</i>	
<input type="checkbox"/> Other professional services, please describe: _____	\$ _____
<input type="checkbox"/> Other, please describe: _____	\$ _____
TOTAL:	\$ _____

III. CONTRACTS AND LICENSING AGREEMENTS

1. Do You require professional services contracts with all customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of Your client contracts are in writing?	<input type="checkbox"/> <65% <input type="checkbox"/> 65-90% <input type="checkbox"/> >90%
2. Do You use board certified contracts, forms, and disclosures? If not please attach a copy your standard contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does Your standard professional services contracts contain the following provisions? (check all that apply)	
<input type="checkbox"/> Conditions of Service Acceptance	<input type="checkbox"/> Guarantees regarding Your work
<input type="checkbox"/> Exclusion of Consequential Damages	<input type="checkbox"/> Force Majeure Clause
<input type="checkbox"/> Project Phases or Milestones, including Testing	<input type="checkbox"/> Warranty Disclaimers
<input type="checkbox"/> Indemnification Clause	<input type="checkbox"/> Hold Harmless Clause
<input type="checkbox"/> Limitation of Liability:	<input type="checkbox"/> Monetary cap on liability <input type="checkbox"/> other (describe: _____)
4. Do You employ a contract administrator, transaction coordinator, or equivalent position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are all modifications to Your standard professional service contracts made in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does legal counsel approve any deviations to Your professional service contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How many attorneys do You employ?	_____

[§] Include the revenue information of any subsidiary for which coverage is sought under this **Application**.

8. If You employ any attorneys, would You like a separate quote for Employed Lawyers coverage in the event a claim is made against them in the performance of their legal services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV. SUBCONTRACTOR MANAGEMENT	
1. What percentage of Your services are provided by: Independent Contractors _____% Temporary Workers _____%	
2. Do You utilize a standard contract for all work performed by independent contractors? If "yes", attach a copy of Your standard contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. What percentage of independent contractors have written contracts with You ?	<input type="checkbox"/> <65% <input type="checkbox"/> 65-90% <input type="checkbox"/> >90%
4. Do You require independent contractors to provide proof of: (<i>check all that apply</i>) <input type="checkbox"/> Errors & Omissions insurance <input type="checkbox"/> Commercial General Liability insurance <input type="checkbox"/> Other (describe: _____)	
V. CLIENT FUNDS	
1. Do You handle the collection of any funds on behalf of clients or others (i.e., rent collection, deposits, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If "yes", are the funds held longer than 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. If "yes", are the funds held in an escrow or trust account?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
VI. GENERAL OPERATIONAL INFORMATION	
1. Do You supervise the work of other staff members and agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many years of experience do the principles of the firm have?	_____
3. Are files reviewed for completeness and accuracy by senior management and /or principals of the firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do You provide a formalized training program for all professionals and staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do You require a seller disclosure form to be completed by the seller on all properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do You recommend the buyer acquire a home inspection report on all properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do You have any on-site presence at builder developments or exclusive listing arrangements with builders or developers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do You offer a home warranty on all residential sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do You formally disclose dual agency relationships in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. What percentage of transactions did you represent both buyer and seller?	_____%
11. Do You manage residential or commercial properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do You manage and supervise maintenance, renovation, and construction projects? If "yes", do You hire and manage subcontractors performing the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do You have any ownership interest in the properties You manage? If "yes", please provide a schedule of the properties with the percentage owned.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do You have a risk management program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do You belong to any professional associations? If "yes", please list the associations.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

VII. HISTORICAL INFORMATION	
16. Have You , or any director, officer, partner, or employee providing services on Your behalf ever been subject to disciplinary proceeding arising out of professional activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
17. Are You aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a claim against You under the proposed policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
18. Has any insurance carrier ever cancelled or non-renewed a policy that provided the same or similar coverage as the proposed policy? (MISSOURI APPLICANTS NEED NOT REPLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
19. Has any claim, demand, lawsuit, arbitration, litigation, bankruptcy, administrative proceeding or regulatory proceeding been made or initiated against You , that might have given rise to a claim under the proposed policy if the same or similar insurance coverage was in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
20. Has there been or is there now pending any litigation or claim against or civil, criminal, administrative or regulatory action or proceeding of the Applicant or any person or entity proposed for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
21. First date of continuous Claims-Made coverage:	_____
22. Do You currently have or have You had, over the past five (5) years, any policy providing coverage for errors & omissions liability or professional services liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," attach a separate document which lists for each policy: (a) insurer's name; (b) the policy period; (c) the policy limits; (d) the retention; and (e) the retroactive date.	
23. Have You reported any occurrences, claims or losses to any insurer in the past five years that provided the same or similar insurance to the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please attach a separate document with respect to each such occurrences, claim or loss providing: (a) a description; (b) the name of the insurer and policy; (c) the amount of damage, expenses or other loss suffered as a result of occurrences, claim or loss; (d) and the amount paid by the insurer to whom notice was provided (if any)	
24. Do You belong to any professional associations? If yes, please list the associations.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

VIII. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

IX. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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, AND CIVIL DAMAGES. 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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**.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH 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.

NOTICE TO 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 (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been

made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed _____
(Duly authorized representative, by and on behalf of the **Applicant**)

Date _____

Title _____ Organization: _____
(Must be signed by an authorized officer) (Organization's seal)

Attest _____
(Duly authorized representative, by and on behalf of the **Applicant**)

Producer _____
License Number _____
Address _____
