



REAL ESTATE SERVICES PROFESSIONAL LIABILITY APPLICATION

I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
 - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
 - b. Expiring Declarations Page with retroactive date (if applicable)

II. GENERAL INFORMATION

1. Name of Applicant (include any DBA's) : _____
2. Contact Name: _____ Contact Title: _____
Phone Number: _____ Email Address: _____
3. Year Business was established (MM/DD/YYYY): ____ / ____ / ____
4. Principal Address: _____
5. Total Branch Locations: _____ List all addresses for additional branches: _____
6. Applicant's website: www. _____
7. Applicant is: ☐ Sole Practitioner ☐ Limited Liability Corporation ☐ Partnership
☐ Limited Liability Partnership ☐ Professional Association or Corporation
☐ Other _____
8. Is the Applicant firm controlled, owned or associates with any other firm, corporation or company? ☐ Yes ☐ No
If yes, are services provided to such organization(s)? ☐ Yes ☐ No
If yes, to either of the above, attached detailed explanation.
9. During the past year, has the Applicant been involved in, or are they presently considering or contemplating:
 - a. Any merger, consolidation or acquisition? ☐ Yes ☐ No
If yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization.
 - b. A change in the nature of business operation? ☐ Yes ☐ No
If yes, provide details: _____
10. During the past year, has the name of the Applicant been changed? ☐ Yes ☐ No
If yes, provide details: _____

III. PROFESSIONAL SERVICES

A. GENERAL

1. Complete the following for firm's staff (include individual only once):

	# OF FULL TIME	# OF PART TIME	# OF INACTIVE
Real Estate Agents / Broker/ Independent Contractors			
Property Managers			
Appraisers			
Referral Agents (referring only to Applicant)			
Clerical/Administrative			
Other (please describe)			
Total			

2. Total Gross Income for past 3 years:

- a. First year prior: \$_____
- b. Second year prior: \$_____
- c. Third year prior: \$_____

3. Please provide the gross income, fee and commission revenue for the professional services performed by the Applicant Firm:

	LAST 12 MONTHS COMMISSIONS/ FEES	LAST 12 MONTHS # OF TRANSACTIONS	NEXT 12 MONTHS ESTIMATED COMMISSIONS/FEES	NEXT 12 MONTHS ESTIMATED # OF TRANSACTIONS
Appraisals*				
Auctioneering*				
Business Broker <i>(Req, complete section D below)</i>				
Construction Management				
Escrow/ Closing / Settlement				
Mortgage Brokering*				
Property Management <i>(Req, complete section C below)</i>				
Real Estate Consulting (Provide a detailed explanation of services)				
Real Estate Development or Construction				
Sales – Commercial <i>(Req, complete section B below)</i>				
Sales – Land (Developed or Undeveloped)				

<i>(Req, complete section B below)</i>				
Sales – Residential <i>(Req, complete section B below)</i>				
Other (Specify):				

*Please complete the Real Estate Specialized Services Supplemental Application

B. REAL ESTATE AGENT/ BROKER SERVICES

☐ N/A (skip to next section)

1. Complete the following for each principal, partner, director or officer. Use separate sheet if necessary:

NAME	TITLE/POSITION	PERCENTAGE OWNERSHIP	CURRENT LICENSE STATUS	MONTH AND YEAR FIRST LICENSED AS A REAL ESTATE	PROFESSIONAL DESIGNATIONS	LICENSE EVER REVOKED OR SUSPENDED?
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker: Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker: Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker: Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. If applicable, please provide the following sale information for each classification based on the past 12 months (if company is a startup, provide projections)

CLASSIFICATION	AVERAGE VALUE	MAXIMUM VALUE	% OF SALES REPRESENTING BUYERS	% OF SALES REPRESENTING SELLERS	% OF DUAL AGENCY REPRESENTATION
Residential Properties					
Commercial Properties					
Business Broker					

3. For all dual agency transactions, does the firm have a signed dual agency disclosure form signed by all parties 100% of the time? ☐ Yes ☐ No
If no, please explain why not: _____
4. Does the Applicant offer any home warranty/ protection plans? ☐ Yes ☐ No
If yes, advise name of plans and percentage of transactions involving such plans: _____
5. Does the Applicant have an in-house office policy/ procedures manual? ☐ Yes ☐ No
6. Does Applicant have procedures in place designed to prevent fair housing claims? ☐ Yes ☐ No
7. Does the Applicant form, manage or organize group investment/syndications, including limited or general partnerships, corporations or REITs for the purpose of investing in real property? ☐ Yes ☐ No
If yes, please provide details: _____
8. Does the Applicant perform work involved with 1031 Exchanges? ☐ Yes ☐ No
If yes, provide details including the number of transactions in the last 12 months and

how the Applicant ensures legal compliance with 1031 Exchange requirements:

9. Does the firm or anyone in the firm for whom insurance is being requested have any ownership or equity interest in any property being sold or purchased? ☐ Yes ☐ No
If yes, provide a schedule of such properties and indicate percentage of ownership in each property.
10. Does the Applicant provide services for foreclosed properties or short sales? ☐ Yes ☐ No
If yes,
- a. Estimated annual percentage of transactions that are foreclosed properties: _____
 - b. Estimated annual percentage of transactions that are short sales: _____
 - c. Describe the disclosure and inspection procedures for foreclosed properties/ short sales: _____

C. PROPERTY MANAGEMENT SERVICES

☐ **N/A (skip to next section)**

1. Please indicate the following:
- a. Number of Locations: _____
 - b. Full Time Employees: _____
 - c. Part Time Employees: _____
 - d. Independent Contractors: _____
2. Provide the annual revenues during the last twelve (12) years: ☐ Yes ☐ No

TYPE	REVENUE	AVERAGE PROPERTY VALUE	HIGH PROPERTY VALUE	NUMBER OF UNITS
Residential				
Commercial				
Other				

3. If any Residential Property Manager's services are rendered please provide the percentage of the management fees derived from the following:
- a. Apartment: _____
 - b. Home Owners Association: _____
 - c. Condominiums: _____
 - d. Timeshare: _____
 - e. Other (specify): _____
4. Does Applicant have an in-house Policy Procedure Manual? ☐ Yes ☐ No
5. Does Applicant have procedures in place designed to prevent fair housing claims? ☐ Yes ☐ No
6. Is a budget prepared for each property managed? ☐ Yes ☐ No
If no, please explain: _____
7. Are credit reports obtained on prospective tenants? ☐ Yes ☐ No
If no, please explain: _____
8. Is the Applicant responsible for negotiating, effective or maintaining insurance coverage on properties managed? ☐ Yes ☐ No
If yes, please explain: _____
9. Does the Applicant provide any construction management services? ☐ Yes ☐ No
If yes, please explain: _____

10. Does the firm or anyone in the firm for whom insurance is being requested have any ownership or equity interest in any property being managed? ☐ Yes ☐ No
If yes, provide a schedule of such properties and indicate percentage of ownership in each property.

D. BUSINESS BROKER SERVICES

☐ N/A (skip to next section)

1. Provide number of years as a business broker:
2. What types of services are offered? (provide as a percentage):

TYPE OF SERVICE	% OF ALL SERVICES

3. What is the average and maximum values of services provided?

Average: \$

Maximum: \$

4. Are contracts required 100% of the time? ☐ Yes ☐ No
5. Are valuation services offered? ☐ Yes ☐ No
6. Does the Applicant represent any parts as a dual agent? ☐ Yes ☐ No
If yes, what percentage of transactions does agency act as a dual agent? _____
7. For all dual agency transactions, does the firm have a signed dual agency disclosure form signed by all parties 100% of the time? ☐ Yes ☐ No

If no, please explain why not: _____

8. Provide a list of top three (3) clients and the average value of contracts:

NAME	DOLLAR AMOUNT
	\$
	\$
	\$

IV. INSURANCE AND LOSS HISTORY

1. Is similar insurance currently in force? ☐ Yes ☐ No
If yes, provide:

POLICY PERIOD	CARRIER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					\$
					\$
					\$

If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

2. Requested limits: ☐ \$100k/\$300k ☐ \$250k/\$250k ☐ \$500k/\$500k
☐ \$1M/\$1M ☐ \$2M/\$2M ☐ Other: _____
Requested Deductible: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other: _____
3. Has any Insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance in the last 5 years? ☐ Yes ☐ No
If yes, please explain why: _____
4. After inquiry, with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? ☐ Yes ☐ No
If yes,:
a. How many claims have been made in the past five (5) years: _____
b. Complete a separate Supplemental Claim Application for each claim.
5. Is the Applicant or any principal, partner, owner, officer, director, employee, manager, or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident, or allegation of negligence or wrongdoing, which may afford grounds for any claim such as would fall under proposed insurance? ☐ Yes ☐ No
If yes, provide full details: _____
6. Does the Applicant carry General Liability Insurance: ☐ Yes ☐ No
If yes, provide:
a. Insurer: _____
b. Limits: _____
c. Does the coverage include Products/ Completed Operations Hazards? ☐ Yes ☐ No

V. FRAUD WARNINGS

General 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.

Applicable Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	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.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	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	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	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.
Maine	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.
Maryland	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	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: 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	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	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	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.
Oklahoma	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.
Pennsylvania	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.
Rhode Island	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.
Tennessee	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	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.
Washington	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.
West Virginia	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.

I. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

II. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:		
Signature of person authorized to execute on behalf of the Applicant:		Date:
Print name and title of person authorized on behalf of the Applicant:		
Agent/Broker Name:	_____	