



Name of Insurance Company to which Application is made

REAL ESTATE ERRORS AND OMISSION LIABILITY APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy. PLEASE READ IT CAREFULLY.

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately. **If additional space is required, please provide complete details on Applicant's letterhead.**

GENERAL INFORMATION

1. Full Legal Name of Applicant (include all firm names, franchise affiliations, trading names and DBA's under which the applicant operates):

Principal Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Website Address: _____ Email Address: _____ Contact Name: _____

2. Date Applicant established: _____
(Month/Day/Year)

3. Applicant is a: Sole Proprietor Partnership Corporation LLC LLP
 Independent Contractor Other: _____

4. List all states in which the Applicant operates: _____

5. During the past five (5) years, has the name or ownership of the Applicant changed or has there been an acquisition, merger, consolidation or any other change? Yes No
If "Yes", please provide complete details on a separate sheet.

6. Is the Applicant owned by, controlled by or affiliated with any other entity or does the Applicant own or control any other firm or business? Yes No
If "Yes", please provide complete details on a separate sheet, including full legal names of entities involved.

7. Complete the following for each principal, partner, director or officer (attach additional sheet if necessary):

Name and Title	Current Status	Year First Licensed as Real Estate	Professional Designations	Years with Applicant
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		

8. Indicate the number of staff associated with the Applicant including the individuals identified in question 7:

Staff: Include individuals only once	Full-Time	Part-Time	Inactive	Total
Principals, Partners, Directors, Officers				
Real Estate Agents/Brokers/Independent Contractors				
Property Management Staff				
Real Estate Appraisers				
Other Professional Staff (please describe)				
Non-Professional Staff				

9. For the past twelve (12) months, indicate the percentage of real estate professionals that have participated in continuing education courses or risk management seminars: %
10. Does the Applicant:
- a. Have written risk management procedures in place? Yes No
 - b. Have written operating guidelines to ensure compliance with Federal, State and Local statutes? Yes No
 - c. Have a formalized training program for all professionals and staff? Yes No
 - d. Use in-house legal counsel, legal counsel on retainer or risk manager on retainer? Yes No
 - e. Use standardized forms and contracts approved by local board or state associations? Yes No

REAL ESTATE ACTIVITIES

11. Indicate total gross income from the following real estate activities. Include all income, fees and commissions before the split with brokers or salespeople or deductions or expenses.

Real Estate Services	Most Recent 12-Months Ending:		Projected Next 12-Months
	Income	# Transactions	Income
Residential Real Estate Sales	\$		\$
Residential Land and Lot Sales	\$		\$
Commercial, Industrial Real Estate Sales*	\$		\$
Commercial Land and Lot Sales	\$		\$
Farm/Ranch Sales	\$		\$
Real Estate Leasing*	\$		\$
Property Management*	\$		\$
Residential Appraisal*	\$		\$
Commercial Appraisal*	\$		\$
Real Estate Consulting/Counseling**	\$		\$
Real Estate Auctioneering	\$		\$
Mortgage Brokerage*	\$		\$
Business Opportunities Brokerage	\$		\$
Escrow*	\$		\$
Other**	\$		\$

*Applicant must complete the relevant sections of the Real Estate Class of Business Supplement.

**Applicant must provide complete description of services provided on a separate sheet.

12. For the past twelve (12) months, indicate the following:
- a. Percentage of residential sales transactions using seller disclosure forms: %
 - b. Percentage of residential sales transactions that included a professional home inspection: %
 - c. Percentage of residential sales transactions that included a home warranty program: %
13. Does the Applicant or any of the Applicant's professional staff provide real estate services for any property in which the Applicant or any of the Applicant's professional staff has an interest? Yes No
If "Yes", indicate the number of transactions during the last 12 months:
14. For the past twelve (12) months, indicate the following:
- a. Average value of the properties handled by the Applicant: \$
 - b. Has any one client represented more than 25% of the Applicant's income? Yes No
If "Yes", please provide complete details on a separate sheet, including the full legal names of entities involved.
 - c. Percentage of income derived from listing foreclosures: %
If any, does the Applicant or any affiliated entity provide any services for bank owned properties other than listing the properties? Yes No
If "Yes", please provide complete details on a separate sheet.
 - d. Percentage of income derived from new construction sales: %
 - e. Has the Applicant been an exclusive listing agent or on-site sales agent for any builder or developer? Yes No

If "Yes", please provide complete details on a separate sheet, including the full legal names of entities involved.

15. Has the Applicant or any affiliated entity (or any of the staff of the foregoing) engaged in any of the following during the last 5 years:
- a. Real estate development or construction? Yes No
 - b. Mortgage banking, placing of loans or loan servicing? Yes No
 - c. Formation, management or organization of group investments or syndications (including any limited partnership, general partnership, real estate investment trust (REIT) or corporation)? Yes No
 - d. Any business enterprise or professional practice other than the services disclosed in question 11?..... Yes No

If "Yes", to any part of question 15 above, please provide complete details on a separate sheet, including the full legal names of entities involved, a description of services performed and annual income from the activity.

INSURANCE COVERAGE HISTORY

16. List the professional liability (errors and omissions) insurance coverage carried by the Applicant and any predecessor firm(s) during the past five (5) years, including any periods without coverage. If no past coverage, indicate NONE.

Effective (mm/dd/yy)	Expiration (mm/dd/yy)	Insurance Company	Limits of Liability (per claim/aggregate)	Deductible/Retention	Annual Premium

17. Does the Applicant's current policy contain a prior acts limitation or retroactive date? Yes No
 If "Yes", please provide date: _____ or if Full Prior Acts check here and attach copy of the endorsement.
 (Month/Day/Year)
18. During the past five (5) years, has the Applicant, any predecessor firm or any of the Applicant's current or former professional staff ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? Yes No
 If "Yes", please provide complete details on a separate sheet.
19. Has the Applicant ever purchased an extended reporting period endorsement? Yes No
 If "Yes", please provide complete details on a separate sheet.

CLAIM/INCIDENT INFORMATION

20. During the past five (5) years, has any professional liability claim or suit ever been made against the Applicant, any predecessor firm or any of the Applicant's current or former professional staff?..... Yes No
 If "Yes", please indicate how many _____ and attach current valued carrier loss runs.
21. Does any of the Applicant's professional staff know of any incident, negligent act, error or omission or other circumstance that could result in a claim or suit against the Applicant or any predecessor firm or any of the Applicant's current or former professional staff? Yes No
 If "Yes", please indicate how many _____ and attach current valued carrier loss runs.
22. Has any of the Applicant's or a predecessor firm's professional staff ever had their license revoked or suspended or been formerly reprimanded or been the subject of a disciplinary action? Yes No
 If "Yes", please provide complete details on a separate sheet.

COVERAGE SELECTION

23. Indicate Coverage Selection
- a. Effective Date: _____
 (Month/Day/Year)
 - b. Limits of Liability requested (Each Claim/Annual Aggregate):
 - \$100,000/\$100,000 \$250,000/\$250,000 \$250,000/\$500,000 \$500,000/\$500,000
 - \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 Other: \$ _____
 - c. Deductible Amount requested (Each Claim):
 - \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$20,000
 - \$25,000 Other: \$ _____

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

California Notice: The Hartford may charge a fee if this bond or policy is cancelled before the end of its term. The fee can range between 5% to 100% of the pro rata unearned premium. Please refer to the terms and conditions stated in the policy or bond. This notice does not apply to cancellations initiated by The Hartford.

FRAUD WARNING STATEMENTS

ALABAMA APPLICANTS: 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.

ARKANSAS 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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: 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 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 OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

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.

KANSAS APPLICANTS: 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 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.

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.

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.

MARYLAND APPLICANTS: 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.

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.

NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

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.

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 APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

RHODE ISLAND 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."

TENNESSEE 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.

VIRGINIA 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.

VERMONT APPLICANTS: 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.

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."

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.

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."

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Required applicants in Florida, Iowa & New Hampshire

NAME OF AGENT _____ AGENT LICENSE NO. _____

ADDRESS _____

AGENT SIGNATURE *(Required: New Hampshire only)* _____