



VICTOR O.  
SCHINNERER  
& COMPANY, INC.



### Real Estate *Rapid* E&O Liability Application

Available in all states except AK, CA, CO, HI, ID, IA, KY, LA, MS, NE, NM, NY, ND, RI, SD, & TN

Name of Firm: \_\_\_\_\_  
Name of Principal Broker: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Principal Contact Name: \_\_\_\_\_  
 Corporation     Professional Corporation     Other: \_\_\_\_\_  
 Partnership     Sole Partnership  
Year Firm Established: \_\_\_\_\_ Year Principal Broker First Licensed: \_\_\_\_\_

*To be eligible for the premium options on page two the responses to Questions 1 through 7 must be "NO"*

1. Does the firm anticipate deriving more than \$150,000 in gross commission income in the coming 12 months? YES  NO
2. Does the firm provide services involving, real estate leasing or property management, commercial real estate sales or business brokerage, real estate appraisal, real estate construction development or mortgage brokerage? YES  NO
3. Does the applicant firm employ more than five licensed real estate agents or independent contractors (including principals and partners)? YES  NO
4. Does the applicant derive more than 25% of its total revenues from a single client or maintain an exclusive listing agreement with a builder or developer? YES  NO
5. Have you or anyone to whom this insurance would apply had their licensed revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body during the past five years? YES  NO
6. Are you or anyone to whom this insurance would apply aware of any filed claims, acts, errors, omissions or other circumstances which might reasonably be expected to be the basis of a claim or suit? YES  NO
7. Have you or anyone to whom this insurance would apply been refused insurance, been canceled, non-renewed or declined during the past 5 years? (This restriction does not apply to cancellation for non-payment of premium) YES  NO

*If you answered "YES" to any of the above questions we require further information about your firm. Please visit [www.PlanetRealtyChoice.com/apps.html](http://www.PlanetRealtyChoice.com/apps.html) for a full application and further information about our program.*

8. Does the applicant currently maintain real estate errors and omissions insurance? If so, please submit a copy of your Declaration page and all endorsements, so that we may provide prior acts coverage. YES  NO

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*"Please note that the application must be signed by the principal broker of the applicant firm"*

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Real Estate *Rapid E&O* Bind Request Form

Available in all states except AK, CA, CO, HI, ID, IA, KY, LA, MS, NE, NM, NY, ND, RI, SD, & TN

Named Insured: _____	Broker Name: _____
Address: _____	Address: _____
Contact Information Name: _____	Contact Information Name: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

Requested Effective Date: \_\_\_\_\_ To: \_\_\_\_\_

Requested Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Please select your desired coverage from the Premium Table below

### Check Total Worksheet

Total Premium	\$ _____
Commission % _____ Commission Amount:	\$ _____
Net Total:	\$ _____
Check Total:	\$ _____
Broker Tax ID# _____	

Please fax or email following items to bind coverage:

- 1) Completed bind order form
- 2) Completed Rapid Response E&O application
- 3) The declaration page and prior acts endorsement of the firm's current policy. We will honor retroactive coverage date shown on the policy.

**Email: [vos.RealEstate@Schinnerer.com](mailto:vos.RealEstate@Schinnerer.com)**  
**Fax: 301-951-5444**

You will receive binder from us within 1 to 2 business days.

\*\*\*This policy includes coverage for personal injury, lockbox liability, the sale of an agent's primary residence and/or secondary residence, environmental hazards coverage to policy limits, discrimination coverage for defense and damages, free subpoena and pre claims assistance, a deductible credit for the use of mediation and includes many other important features.

Please select your desired coverage below and forward all applicable premium and any state mandated taxes. Policy premium must be mailed to us within 2 weeks.

Premium Table

Deductible Loss & Expense		\$250,000/\$250,000		\$500,000/\$500,000		\$1,000,000/\$1,000,000	
<b>\$1,000</b>	<input type="checkbox"/>	<b>\$580</b>	<input type="checkbox"/>	<b>\$660</b>	<input type="checkbox"/>	<b>\$760</b>	<input type="checkbox"/>
<b>\$2,500</b>	<input type="checkbox"/>	<b>\$500</b>	<input type="checkbox"/>	<b>\$540</b>	<input type="checkbox"/>	<b>\$640</b>	<input type="checkbox"/>

Mail your check and this form to:

For regular U.S. Postal Service:  
 Victor O. Schinnerer & Company, Inc.  
 14288 Collections Center Drive  
 Chicago, IL 60693

For overnight packages:  
 Bank of America Lockbox Services  
 14288 Collections Center Drive  
 Chicago, IL 60693

**New Jersey Residents:** Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. The current assessment is 1.4% and will be displayed on your premium notice. Multiply the premium you selected above by 1.014 and round to the nearest dollar. **West Virginia Residents:** The State of West Virginia assesses a tax of .55% on insurance. Multiply premium chosen by 1.0055, round to the nearest dollar and include this to the premium selected.

**Florida Hurricane Catastrophe Fund Surcharge:** Effective January 1, 2007 and Pursuant to Florida Statutes, Section 215.555(6)(b), the Florida Office of Insurance Regulations has been directed to levy an emergency assessment/surcharge on all property and casualty insurance in the amount of 1.0%. As such, each insured is required to pay this additional 1.0% on the quoted premiums. Please note that the 1.0% is NOT included in the attached quotations but will need to be calculated and added to the premium by multiplying the desired premium by .01. Also note the following: the surcharge MUST be paid in full at policy inception, regardless if the premium is on installments and failure to pay the surcharge will result in CANCELLATION of the policy."