



Real Estate Professionals Errors and Omissions Renewal Application

RENEWAL STICKER HERE

- 1) a. Legal name of firm. (If sole proprietorship, provide full name of sole proprietor.)
- b. All DBAs under which you operate. (Include all firm names, trading names and franchise affiliations.)
- c. Address of Principal Office:
- City: _____ State: _____ Zip: _____ Email Address: _____
- Phone Number: - - - - - Fax Number: - - - - - Website: _____
- d. Type of Firm: Sole proprietorship Corporation Partnership Other (please explain)
- e. List all states in which the firm operates:

- 2) **Staff:** Include individuals only once.
- | | Number | * Describe Other Professionals referred to in Question 2d: |
|---|--------|---|
| a. Principals, Partners, Directors, Officers: | _____ | |
| b. Full-Time Real Estate Professionals: | _____ | |
| c. Part-Time Real Estate Professionals: | _____ | |
| d. Other Professionals: * | _____ | |
| e. Non-Professional Employees: | _____ | |
| TOTAL STAFF: | _____ | |


- 3) * Does the firm or anyone in the firm sell, appraise, or lease properties constructed, developed or owned by the firm, anyone in the firm, or a related firm? If Yes, provide commission or fee income from these activities: Yes No
\$ _____

- 4) Does this firm or anyone in the firm provide any of the following services: If Yes, provide gross income to the firm:
- | | | |
|--|--|----------|
| a. * Real Estate Development/Construction | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| b. **Construction Management | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| c. **Mortgage Banking | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| d. * Formation or Management of Group Investments/Syndications, Trusts and/or Partnerships | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| e. Sale of timeshares | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| f. Management of associations (i.e., condominium, cooperative, homeowners) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |

* **Note:** Refer to Policy regarding activities described in Questions 3 and 4. Income from these activities will not be included in the rating of this policy.

** Coverage for these activities may be available through our Surplus Lines Real Estate Industry Services product. Refer to <http://www.PlanetRealtyChoice.com> for details.

INSURANCE AGENT MUST COMPLETE THE FOLLOWING:

Licensed Agent/Broker Name:					Mail completed application through local insurance broker or agent to:  UNDERWRITING MANAGERS & PROGRAM ADMINISTRATORS Two Wisconsin Circle Chevy Chase, MD 20815-7022 (301) 961-9800 FAX (301) 951-5482 www.PlanetRealtyChoice.com / www.schinnerer.com
Agency Name:					
Address:					
Phone:		Fax:			
E-mail Address:					
Licensed Casualty Agent for:					
CNA	<input type="checkbox"/>	No <input type="checkbox"/>	License Number	Expiration Date	
Other Company	<input type="checkbox"/>	<input type="checkbox"/>		/ /	
Licensed Insurance Broker	<input type="checkbox"/>	<input type="checkbox"/>		/ /	

- 5) Real Estate Activities: Show all income, fees and commissions BEFORE split with brokers or salespeople or deduction of expenses. Do not include income reported in 3 and 4.

<i>Do not report property values.</i>	PAST FISCAL YEAR Ending: / /		NEXT 12 MONTHS: Estimates	
	#Transactions (not sides)	INCOME	#Transactions (not sides)	INCOME
a. Residential Real Estate Sales (1-4 units)		\$		\$
b. Farm and/or Ranch Sales		\$		\$
c. Land and Lot Sales		\$		\$
d. Commercial, Industrial, Income Property Sales		\$		\$
e. Business Opportunities Brokerage		\$		\$
f. Real Estate Leasing Fees		\$		\$
g. Real Estate Consulting/Counseling		\$		\$
h. Residential Real Estate Appraisal		\$		\$
i. Commercial Real Estate Appraisal		\$		\$
j. Property Management Fees		\$		\$
k. Auctioneering (Real Property Only)		\$		\$
l. Mortgage Brokerage/Financial Arrangements		\$		\$
m. Other (Please Describe)		\$		\$
TOTAL GROSS INCOME		\$		\$

- 6) a. Does the firm:
1. Have in-house office policy/procedures manual in place? Yes No
 2. Use local board, state association or other association approved contracts/forms? (If no, attach copies of your forms.) Yes No
 3. Use an in-house counsel, counsel on retainer, and/or risk manager? Yes No
 4. Have any one client which represents more than 25% of the firm's income and/or listings? Yes No
- b. In the past 12 months, have at least 75% of professionals had formal training designed to reduce real estate professional liability? Yes No
- 7) What percentage of residential properties sold in the past twelve months:
- a. included a home protection or warranty program? % b. included a signed property disclosure form? %
- 8) Have there been any changes such as mergers, acquisitions, etc. since the last application was submitted? Yes No
If so, please explain:

NOTE: The insurance coverage for which you are applying is written on a Claims-made Policy; therefore, only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means a demand received by you for money or services arising out of a negligent act or omission in the rendering or failure to render professional real estate services. If you have any questions about the coverage, please discuss them with your insurance agent.

WARNING - COLORADO, DISTRICT OF COLUMBIA, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW YORK, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY

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 (for New York residents only: 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.) (For Colorado Residents only: 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 Agencies.) (For Hawaii residents only: 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.)

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 basis of the contract with the company and that coverage, if written, will be provided on a claims-made basis. It is understood and agreed that completion of this application does not bind the company to issue or the applicant to purchase the insurance.

Name	Title
Signature	Date

APPLICATION MUST BE CURRENTLY SIGNED AND DATED BY A PRINCIPAL OF THE FIRM TO BE CONSIDERED FOR A QUOTATION.