

APPLICATION

**REAL ESTATE BROKERS & AGENTS
ERRORS & OMISSIONS LIABILITY INSURANCE**

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 AND WHICH ARE BASED ON A WRONGFUL ACT BY YOU WHICH FIRST OCCURS DURING THE POLICY PERIOD OR RETROACTIVE PERIOD, IF ANY, ARE COVERED. "CLAIM" MEANS A DEMAND FOR MONEY OR SERVICES, INCLUDING THE SERVICE OF SUIT OR INSTITUTION OF ARBITRATION PROCEEDINGS AGAINST THE INSURED, ALLEGING A WRONGFUL ACT, AS DEFINED IN THE POLICY.

1. NAME OF APPLICANT _____ DATE _____
(List all names, trade names or DBA's under which the Applicant Operates)

PRINCIPAL BUSINESS ADDRESS: _____
(Street No. and Name)

(City) (County) (State) ZIP CODE

2. DOES APPLICANT HAVE ANY OTHER OFFICE LOCATIONS? YES NO
(List all secondary or foreign office locations on a separate sheet. This application should reflect information pertaining to all of these offices.)

3a. BUSINESS TELEPHONE: (_____) _____ 3b. FAX# (_____) _____

3c. EMAIL: _____

4. APPLICANT IS: CORPORATION PARTNERSHIP INDIVIDUAL OTHER

5. DATE FIRM WAS ESTABLISHED _____
(MONTH / DAY / YEAR)

6. HAS THE NAME OF APPLICANT CHANGED OR HAS ANY OTHER FIRM OR ORGANIZATION MERGED WITH OR BEEN ACQUIRED BY APPLICANT IN THE LAST 5 YEARS? YES NO
IF YES, PLEASE DESCRIBE FULLY. (USE A SEPARATE ADDENDUM, IF NECESSARY). _____

7. IS THERE ANY PENDING CHANGE IN THE NAME OF APPLICANT OR PENDING ACQUISITION OR MERGER? YES NO
IF YES, PLEASE DESCRIBE FULLY. (USE A SEPARATE ADDENDUM, IF NECESSARY). _____

8. LIMIT OF LIABILITY: PER OCCURRENCE ANNUAL AGGREGATE
\$ _____ \$ _____

9. DEDUCTIBLE \$5,000 \$10,000 \$25,000 \$50,000 Other

10. EFFECTIVE DATE REQUESTED: _____

11. DO YOU WANT COVERAGE FOR WRONGFUL ACTS OCCURRING PRIOR TO THE EFFECTIVE DATE REQUESTED ("PRIOR ACTS")? YES NO

IF YES RETROACTIVE DATE REQUESTED _____

12a. STAFF (COUNT EACH INDIVIDUAL ONLY ONCE. "LICENSED" REFERS TO DRE/LICENSE)

	LICENSED	UNLICENSED
PRINCIPALS:		
INDIVIDUAL AGENTS/BROKERS:		
FULL TIME:		
PART TIME:		
EMPLOYEES:		
*BROKER ASSISTANTS:		
TOTALS:		

*COVERAGE DESIRED: YES NO

12b. PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH PRINCIPAL / PARTNER / DIRECTOR / OFFICER / OWNER:

NAME	TITLE	DATE FIRST LICENSED	YEARS EXPERIENCE	YEARS WITH APPLICANT

13. **GROSS COMMISSION INCOME - (GCI) & CLOSED TRANSACTIONS**

	PAST FY (ACTUAL)		CURRENT FY (PROJECTED)		NEXT FY (PROJECTED)	
	#TRANSACTIONS	GCI	#TRANSACTIONS	GCI	#TRANSACTIONS	GCI
RESIDENTIAL REAL ESTATE						
COMMERCIAL REAL ESTATE						
MORTGAGE BROKERAGE						
PROPERTY MANAGEMENT						
ESCROW						
BUSINESS BROKERAGE						
LEASING						
OTHER (DESCRIBE)						
TOTALS						

14. DOES ANY CLIENT REPRESENT MORE THAN 25% OF THE FIRM'S INCOME? YES NO

15. SERVICES FOR PROPERTIES OWNED / DEVELOPED BY ANY INSURED.

a) INCLUDED IN CURRENT / INTENDED OPERATIONS: YES NO

b) INCOME DERIVED FROM PAST FY: \$ _____

c) IS COVERAGE DESIRED: YES NO

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16. IS THE APPLICANT CONTROLLED BY OR OWNED BY, OR DOES THE APPLICANT CONTROL OR OWN, ANY OTHER FIRM OR BUSINESS? YES NO
IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET.)
17. IS THE APPLICANT OR ANY SUBSIDIARY, PARENT OR OTHER RELATED ORGANIZATION ENGAGED IN:
- a) REAL ESATE DEVELOPMENT OR CONSTRUCITON? YES NO
 - b) MORTGAGE BANKING? YES NO
 - c) THE FORMATION, MANAGEMENT OR ORGANIZATION OR GROUP INVESTMENT SYNDICATIONS (INCLUDING LIMITED PARTNERSHIPS, GENERAL PARTNERSHIPS, REAL ESTATE INVESTMENT TRUSTS OR CORPORATIONS)? ? YES NO
 - d) ANY BUSINESS ENTERPRISE OR PROFESSIONAL PRACTICE *OTHER THAN* REAL ESTATE SALES, PROPERTY MANAGEMENT, APPRAISAL OR COUNSELING? YES NO
IF YES TO 17a, b, c, or d, PLEASE EXPLAIN ON A SEPARATE SHEET. INCLUDE A DESCRIPTION OF SERVICES PERFORMED, PROPERTY VALUES INVOLVED AND FEES RECEIVED.
18. ARE ANY PRINCIPALS, PARTNERS, DIRECTORS OR REAL ESTATE AGENTS / BROKERS OF THE APPLICANT FIRM ENGAGED IN ANY ACTIVITIES DESCRIBED IN QUESTION 17a, b c, OR d? YES NO
19. LIST ALL STATES WHERE THE APPLICANT OPERATES: _____

20. DO YOU BELONG TO A BOARD OF REALTORS? YES NO
21. ARE YOU A PARTICIPANT IN A MULTIPLE LISTING SERVICE? YES NO
22. ARE YOU A MEMBER OF ANY NATIONAL FRANCHISE, REFERRAL OR RELOCATION ORGANIZATION? YES NO
IF YES, PLEASE INDICATE NAME(S): _____
23. DO YOU USE STANDARD CONTRACT FORMS APPROVED BY THE CALIFORNIA ASSOCIATION OF REALTORS? YES NO
24. DO YOU ADVISE OR ARRANGE FINANCING FOR YOUR CUSTOMERS? YES NO
IF YES, DESCRIBE SUCH ACTIVITIES: (USE A SEPARATE SHEET, IF NECESSARY). _____

25. INCLUDE THE APPROXIMATE PERCENTAGE OF PROPERTIES SOLD IN THE PAST 12 MONTHS WITH A HOME PROTECTION OR WARRANTY PROGRAM.
_____ %
26. HAVE ANY ERRORS AND OMISSIONS CLAIMS BEEN MADE DURING THE PAST FIVE YEARS AGAINST THE APPLICANT OR ANYONE INDICATED IN QUESTION 12? YES NO
IF "YES" INCLUDE INSURANCE CARRIER(S) CURRENTLY VALUED LOSS REPORTS FOR THE PAST FIVE (5) YEARS.
27. IS THE APPLICANT AWARE OF ANY ACT, ERROR, OMISSIONS OR OTHER CIRCUMSTANCES WHICH MIGHT REASONABLY BE EXPECTED TO BE THE BASIS OF A CLAIM OR SUIT AGAINST THE APPLICANT OR ANYONE INDICATED IN QUESITON 12? YES NO
28. DURING THE PAST SIX YEARS, HAS ANY INSURANCE COMPANY DECLINED, CANCELED, RESCINDED, OR REFUSED TO RENEW FOR THE APPLICANT OR ANYONE INDICATED IN QUESTION 12, A POLICY OF REAL ESTATE AGENTS ERRORS AND OMISSIONS LIABILITY INSURANCE? YES NO
IF YES, PLEASE EXPLAIN. (USE A SEPARATE SHEET, IF NECESSARY). _____

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29. HAS THE APPLICANT OR ANY PERSON INDICATED IN QUESTION 12 HAD HIS LICENSE REVOKED OR SUSPENDED OR BEEN FORMALLY REPRIMANDED OR SUBJECT TO DISCIPLINARY ACTION? YES NO
 IF YES, PLEASE EXPLAIN. (USE A SEPARATE SHEET, IF NECESSARY). _____

30. PLEASE COMPLETE THE FOLLOWING FOR THE APPLICANT AND ANY PREDECESSOR FIRMS WITH RESPECT TO REAL ESTATE AGENTS ERRORS AND OMISSIONS LIABILITY INSURANCE FOR THE PAST FIVE YEARS, INCLUDING ANY EXTENDED CLAIMS REPORTING PERIOD ("TAIL") COVERAGE. IF NO PAST COVERAGE, INDICATE NONE. PLEASE SHOW EACH INSURANCE YEAR ON A SEPARATE LINE.

POLICY PERIOD (MONTH / DAY / YEAR TO MONTH / DAY / YEAR)	INSURANCE COMPANY (NOT AGENT)	LIMIT OF LIABILITY EACH CLAIM / ANNUAL AGGREGATE	DEDUCTIBLE	ANNUAL PREMIUM

DATE: _____

PHONE: (____) _____

 (SIGNATURE)

 (NAME & TITLE)

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 185 NORTH REDWOOD DRIVE
 SAN RAFAEL, CA 94903
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