

REAL ESTATE INDUSTRY SERVICES ERRORS AND OMISSIONS APPLICATION

1. a. Name and Address of Applicant (include all legal names and DBA's and attach additional sheet, if necessary):

Name(s) _____
Principal Business Address _____ City _____ State _____ Zip _____
Business Mailing Address _____ City _____ State _____ Zip _____
Web Site Address _____ Business Telephone: _____

b. Additional Locations (*Attach additional sheet, if necessary*)

Address _____ City _____ State _____ Zip _____
Address _____ City _____ State _____ Zip _____

2. a. Date established: Date: ____/____/____
mo day year

b. Applicant is Individual Partnership Corporation LLC LLP Other
If other, please attach details on a separate sheet.

c. Is the entity owned, controlled by or affiliated with any other entity Yes No
If yes, please attach details on a separate sheet.

d. During the past 5 years:

- i) Has the name of the Applicant ever been changed? Yes No
- ii) Has the Applicant been involved in any merger, acquisition or consolidation? Yes No
- iii) Has any predecessor in business of the Applicant ever been dissolved, declared insolvent or subject to bankruptcy?
 Yes No
If yes, please attach details on a separate sheet.

3. Is the Applicant a franchisee? Yes No
If yes, please attach details on a separate sheet.

4. a. The Applicant provides or intends to provide the following professional services, check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> Leasing |
| <input type="checkbox"/> Auctioneering | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Appraisals | <input type="checkbox"/> Real Estate Consulting |
| <input type="checkbox"/> Construction Services | <input type="checkbox"/> Real Estate Development |
| <input type="checkbox"/> Escrow | <input type="checkbox"/> Sale of Commercial Property |
| <input type="checkbox"/> Facility Management | <input type="checkbox"/> Sale of Industrial/Income Producing Property |
| <input type="checkbox"/> Foreclosures | <input type="checkbox"/> Sale of Residential Property |
| <input type="checkbox"/> Mortgage Banking | <input type="checkbox"/> Title Services |
| <input type="checkbox"/> Mortgage Brokering | <input type="checkbox"/> Other (explain) _____ |
- Attach additional sheet if necessary.*

b. During the past 5 years, has the Applicant been engaged in any professional services or business other than those indicated in #4.a. above. Yes No
If yes, please attach a detailed explanation and estimated gross revenues for the most recent fiscal year.

5. a. Is the Applicant seeking coverage for any subsidiaries? Subsidiaries are those entities that the Applicant maintains a greater than 50% ownership interest. Yes No
If yes, attach a list of those subsidiaries for which coverage is being sought and respond to the question below regarding those subsidiaries.
- b. Do any of the subsidiaries listed perform professional services other than as described in Question #4.a.? Yes No
If yes, please attach a detailed description of those services and estimated revenue for the most recent fiscal year.
6. List all states in which the Applicant operates:

IN APPLICANT'S RESPONSES TO THE FOLLOWING QUESTIONS, PROVIDE ANSWERS FOR BOTH THE APPLICANT AND ANY SUBSIDIARIES FOR WHICH COVERAGE IS BEING SOUGHT (EVEN IF THE QUESTION DOES NOT SPECIFICALLY REFERENCE SUCH SUBSIDIARIES)

7. Financial Information: Please attach the most current Form 10K. If not applicable, please attach the most recent audited financial statement or, if not available, please attach the most current annual report. Complete the following, providing total gross revenues for the year indicated which are derived from those professional services listed in Question 4.a.
- a. Fiscal year end date: _____ / _____ (month/day)
- b. Gross revenues for last completed fiscal year: \$ _____
- c. Projected gross revenues for current fiscal year: \$ _____
- d. Estimated gross revenues for coming fiscal year: \$ _____
- e. Are any changes in the nature or the size of the Applicant's business anticipated over the next 12 months? Yes No
If yes, please attach a detailed explanation on a separate sheet.
8. a. Professional Services: For revenues listed in Question #7.c., indicate the approximate percentage derived from each of the services listed in Question #4.a. (Total percentage should equal 100%)

GROSS RECEIPTS

	Past Fiscal Year	Current Fiscal Year	% Of Total Income In 7.c.
Asset Management			
Auctioneering			
Appraisals			
Construction			
Escrow			
Facility Management			
Foreclosures			
Interior Tenant Improvement/Renovation Services			
Leasing			
Mortgage Banking			
Mortgage Brokering			
Property Management			

Real Estate Consulting			
Real Estate Development			
Right-of-way Appraisals			
Sale of Commercial Property			
Sale of Industrial/Income Producing Property			
Sale of Residential Property			
Title Services			
The formation, management or organization of group investment or syndications (including limited partnerships, general partnerships, real estate investment trusts or corporations)			
Other — (Specify)			

b. For revenues indicated in 7.c., please indicate the percentage of:
Commercial _____ Residential _____

c. Average value of property sold: _____

d. Average number of sales (annual): _____

e. What is the dollar amount of the Applicant's authority for capital improvements, repairs, etc.? _____

9. a. Does the Applicant subcontract any of the services listed in Question 4.a. above? Yes No

b. If yes, describe the nature of the services subcontracted: _____
Attach additional sheet if necessary.

c. What percent of revenues listed in Question 7.c. are attributable to subcontracted work? _____ %

d. Does the Applicant require evidence of professional liability insurance from subcontractors? Yes No
If no, please attach a detailed explanation on a separate sheet.

10. a. Please complete the following information for each principal/partner/director/officer/owner:
Attach additional sheet if necessary.

Name	Title	License Status	Professional Designations	Years Experience	Years with Applicant

b. Please indicate the number of principals/partners/directors/officers/professional directly engaged in providing professional services to clients/customers and attach resume of each when Applicant has been in business less than 3 years: _____

c. Please indicate the number of all other non-professionals/clerical employees: _____

d. Please provide the following information:

	Average Years Experience	Average Years with Applicant
Active Licensed Agents		
Other Professionals		

11. During the past 5 years, has any principal, partner, director, officer or professionals of the Applicant engaged in professional services for any entity in which the Applicant has any equity or outside interest? Yes No
If yes, please attach a detailed explanation in a separate sheet.

12. Does the Applicant always use a written contract with clients? Yes No
If yes, please attach a copy of the standard contract; if no, please attach a detailed explanation on a separate sheet)

13. Risk Management

- Does the Applicant have any written risk management procedures in place? Yes No
- i. Does the Applicant have written procedures to ensure compliance with Federal, State and Local statutes? Yes No
 - ii. Does the Applicant have written procedures requiring the review or follow-up of complaints? Yes No
 - iii. Does the Applicant have a formalized training program for all professionals and staff? Yes No

14. Please supply samples of promotional brochures, publication and any other marketing materials Applicant uses to promote its services on radio, by direct mail, e-mail, circular or in the yellow pages.

15. Claim Information:

NOTE: The Applicant's disclosure of claim information by response to the following questions does not indicate or imply in any way that any act or omission is covered by this policy.

With regard to the Applicant and subsidiaries listed in response to question 5.a., please answer the following questions

- a. During the past 5 years, have any of their principals, partners, directors, officers or professionals ever been subject to disciplinary action by any regulatory agency or association? Yes No
If yes, please attach a detailed explanation on a separate sheet.
- b. During the past 5 years, have any of their principals, partners, directors, officers or professionals ever had their license revoked or suspended? Yes No
If yes, please attach a detailed explanation on a separate sheet.
- c. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant, Subsidiaries or any of their past or present principals, partners, directors, officers or professionals? Yes No
If yes, please attach a supplemental claim questionnaire.
- d. After inquiry, does the Applicant, Subsidiaries or any of their principals, partners, officers, directors or professionals have knowledge or information of any circumstance or incident which may result in any claim being made against the Applicant, Subsidiaries or any of their past or present principals, partners, officers, directors, professionals? Yes No
If yes, please attach a supplemental claim questionnaire.
- e. Have all matters in 15.c. or 15.d. above been reported to the Applicant's or subsidiaries former or current insurers?
 Yes No

16. a. Prior Errors and Omissions Insurance

	Insurer	Limits of Liability	Deductible	Premium	Claims Made/ Occurrence	Policy Period	Policy Retroactive Date (if any)
Current Year		\$	\$	\$			
Previous Year 1		\$	\$	\$			
Previous Year 2		\$	\$	\$			
Previous Year 3		\$	\$	\$			
Previous Year 4		\$	\$	\$			

- b. Is any extended reporting period currently in effect? Yes No
If yes, please attach a copy of the endorsement including the effective and expiration dates.
- c. During the past 5 years, has any similar errors or omissions coverage been canceled, declined or non-renewed?
 Yes No
If yes, please attach a detailed explanation on a separate sheet.

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1) if a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
- 2) this application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
- 3) Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

Applicant's Authorized Representative: _____
Signature of Authorized Representative

Print Name of Authorized Representative

Title of Authorized Representative

Date: ____/____/____
mo day year

**Real Estate Industry Services Errors and Omissions
Supplemental Claim Form**

The Applicant is to complete this form for any claim(s) or circumstance(s) the Applicant or subsidiaries is aware of. A separate form is to be completed for each claim or circumstance. If additional space is necessary attach a separate sheet.

1. Name of Firm: _____

2. Name of Individuals of Firm involved in claim: _____

3. Name of Plaintiff: _____

4. Date of alleged error or omission: ____/____/____
mo day year

5. Date claim made: ____/____/____
mo day year

6. Status of Claim:

a. Open Closed

b. Suit Claim Circumstance

7. Provide a detailed description of Claim or Circumstance: _____

8. Please complete the following:

Insurers Loss Reserve: _____

Damages Payment, if applicable: _____

Expenses Paid: _____

9. What actions has Applicant taken to prevent a reoccurrence or similar claim? _____

Applicant understands that the information submitted herein becomes part of the Real Estate Industry Services Errors and Omissions Insurance application attached hereto and that the warranty statements (Questions 14.c. and d.) contained therein remain true and accurate.

Applicant's Authorized Signature: _____

Applicant's Title: _____

Date: ____/____/____
mo day year