



Real Estate Agents Errors and Omissions Application For Claims Made and Reported Coverage

1. APPLICANT INFORMATION

Full Name of Firm: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

Applicant is: Individual Partnership Corporation LLC Other _____

If applicant is an LLC or LLP, and licensed in California, please provide the number of licensees listed with the Department of Insurance _____

2. Number of years under current ownership/management? _____ If less than 5 years, please describe previous ownership/management experience: _____

3. **ADDITIONAL NAMED INSUREDS:** Please include all firm names, trading names, franchise affiliation or DBA's under which you operate or have operated and for which coverage is desired. Use a separate page if necessary. ENTITIES NOT NAMED WILL NOT BE COVERED.

Name of Entity	Address (If different from above)	Effective Date of Current Ownership	Activities/Services

4. Are there other office locations? Yes No If yes, list on a separate sheet and attach to this application.

5. Are you controlled, owned by or associated or do you control or own or affiliated with any other firm or business? Yes No
If yes, please explain (use separate sheet as necessary). _____

6. **ACQUISITIONS:** Has the firm ever changed or have there been any acquisitions, consolidations, dissolutions, mergers, or changes in the business organization? Yes No (If no, continue with next section)

If more than one, complete on separate page. Please include all information for all acquisitions occurring within the past five years.

A. Effective date of the acquisition? _____

B. Did the acquired entity carry Real Estate Professional Liability Coverage? Yes No

C. Is the Seller obtaining an Extended Reporting Period? Yes No

D. Who is responsible for acts of the acquired entity that occurred prior to the date of acquisition? Buyer Seller

E. Will the Buyer retain the acquired entity's name? Yes No

F. How many licensed agents will be acquired? _____

If the buyer is assuming responsibility for prior acts, please complete and attach a separate professional liability application for the acquired entity including their five (5) year loss history for evaluation.

7. LIMITS AND DEDUCTIBLE

A. Desired limit of coverage "each claim/aggregate"

\$500,000/\$1,000,000 \$1,000,000/\$1,000,000

Other _____

B. DEDUCTIBLE: Desired deductible "each claim"

\$1,000 \$2,500 \$5,000 \$7,500 \$10,000 Other _____

* Deductible reduction of \$1,000 for transactions where an accredited written Home Inspection report was issued.

8. A. STAFF (indicate numbers) Note: All principals and staff should be included only once.

	Number One Year Ago	Number Now	Anticipated Change Next 12 Months
1. Licensed Principals, Partners, Directors, Officers			+/-
2. Unlicensed Principals, Partners, Directors, Officers			+/-
3. Licensed Real Estate Agents			+/-
4. Referral Agents			+/-
5. Other (including clerical)			

B. Complete the following for each Owner, Partner, Director, and Officer.

If licensed less than three (3) years, please provide resumes. Use a separate page if necessary.

Name and Title	Date First Licensed as a		License Status		License Ever Revoked or Suspended? *
	Broker	Agent	Active	Inactive	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If yes, please indicate date, length of time of suspension and circumstances: _____

9. REAL ESTATE ACTIVITIES: Please give BOTH Transactions and Gross Commission Income. Include all income for the most recent 12 month period, fees and commissions BEFORE split with brokers or salespeople or deduction of expenses. IF YOU ARE NEW VENUTRE, INDICATED PROJECTED NUMBERS ONLY.

LAST 12 MONTHS	# Transactions, OR Projected # if new venture	Gross Commission Income (Last 12 Months) Ending: ____/____/____	Projected Gross Commission Income (Next 12 months)
1. Residential Real Estate Sales*		\$	\$
2. Undeveloped Land		\$	\$
3. Commercial Farm or Ranch		\$	\$
4. Commercial, Industrial and/or Investment Property		\$	\$
5. Real Estate Leasing	N/A	\$	\$
6. Real Estate Counseling/Consulting	N/A	\$	\$
7. Real Estate Appraisal	N/A	\$	\$
8. a. Residential Property Management	N/A	\$	\$
b. Commercial Property Management	N/A	\$	\$
9. Mortgage Brokerage	N/A	\$	\$
10. Escrow**	N/A	\$	\$
11. Business Brokerage***	N/A	\$	\$
12. Other (referral fees, etc.)	N/A	\$	\$
TOTAL		\$	\$

* Sale of property constructed or developed by any insured is excluded in the proposed policy.

**Excluded in the policy, but coverage can be added for an additional premium.

*** Excluded in the policy, no coverage can be added.

- B.
1. During the past 12 months in what percentage of transactions did the applicant represent both the buyer and the seller (dual agency)? _____%
 2. What is the average value of homes sold? _____
 3. How many transactions involving property owned by you or anyone in your firm? _____

10. ESCROW ACTIVITIES: Please complete this section if you have income from Escrow Activities.

- A. 1. Number of escrow agents: _____
- 2. Do any of the above act as Title Insurance Agents? Yes No
- B. a. How many years has your escrow operation been in business? _____
- b. If less than 5 years please describe experience of individual overseeing escrow operations: _____

- C. a. Number of escrows handled in a 12 month period? _____
- b. How many for customers who did not buy/sell the property through your Real Estate firm? _____
- c. How many for commercial properties? _____
- D. Are escrow accounts segregated? Yes No

11. LOSS CONTROL/RISK MANAGEMENT

- A. What percentage of properties were sold in the past 12 months with a professional home inspection or signed waiver? _____ %
- B. What percentage of sales in the past 12 months used property disclosure forms? _____ %
- C. Do you have a written in-house office policy/procedures manual? Yes No
- D. Do you use a contract form OTHER than approved local board, state association approved contract forms? Attach copies of your forms if other than above and explain their use. Yes No
- E. Do all of the applicants' sales people and brokers disclose to their clients in writing, by acknowledgement/signature, the nature of their relationship, i.e., whether representing the buyer, seller or both? Yes No
- F. Describe procedures for handling transactions when your firm is representing both the buyer and seller: _____

- G. Do you have an attorney on staff or a law firm acting as counsel? Yes No
 Describe arrangement and provide the name and address of the firm acting as counsel: _____

12. ERRORS AND OMISSIONS INSURANCE:

A. Current E&O Coverage Expiration Date: _____ / _____ / _____

INCLUDE COPY OF CURRENT, OR MOST RECENT, E&O DECLARATION PAGE

B. Date first continuous E&O maintained in force with out interruption: _____ / _____ / _____ (Very Important)

C. In the past 5 years has your coverage been canceled or non-renewed by another carrier? Yes No

D. List all Insurance companies for the past five (5) years by name beginning with the most current. If none, state so.

Current Insurance Company: _____

Limits of Liability: _____ Deductible: _____ Damages & Defense: Damages Only :
 Premium: _____ Number of Agents: _____ Number of Transactions: _____

Prior Year Insurance Company: _____

Limits of Liability: _____ Deductible: _____ Damages & Defense: Damages Only :
 Premium: _____ Number of Agents: _____ Number of Transactions: _____

Prior Year Insurance Company: _____

Limits of Liability: _____ Deductible: _____ Damages & Defense: Damages Only :

Premium: _____ Number of Agents: _____ Number of Transactions: _____

Prior Year Insurance Company: _____

Limits of Liability: _____ Deductible: _____ Damages & Defense: Damages Only :

Premium: _____ Number of Agents: _____ Number of Transactions: _____

Prior Year Insurance Company: _____

Limits of Liability: _____ Deductible: _____ Damages & Defense: Damages Only :

Premium: _____ Number of Agents: _____ Number of Transactions: _____

13. FIVE YEAR PROFESSIONAL LIABILITY CLAIMS/LOSS EXPERIENCE

A. Please Check One:

- Enclosed is my E&O carrier's loss report(s) covering all claims made during the past five years.
- No such loss report is available because _____. Instead, I am enclosing _____(how many) supplemental claim information pages, one for each claim or incident whether reported to an E&O carrier or not during the past five years.
- There have been no claims made against the firm or any of its partners, directors, officers, employees, brokers or agents in the last five years.

B. Does any partner, director, officer, employee or agent of the Applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? If "Yes", please attach an explanation. Note: this Policy will not apply to claims arising out of such knowledge or information whether or not disclosed. Or, claims which any person proposed for this insurance is aware of prior to the effective date of coverage. If you are aware of any act, error, omission or circumstance that could give rise to a claim, please report it to your current carrier to prevent possible gaps in coverage. Yes No

C. Have any persons proposed for this coverage ever been subject to disciplinary action by any real estate association, state licensing board or other regulatory body as a result of real estate agents or brokers, property managers, or real estate appraiser activities? If yes, please attach a detailed explanation. Yes No

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 and all attachments and documents submitted shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims-made and reported 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: _____
(Must be signed by Broker, Owner or Other Principal)

Important Reminder:

The coverage for which you are applying is written on a CLAIMS-MADE and REPORTED basis and, subject to its provisions, applies only to claims first made against you and reported to the Company in writing during the policy period, unless an extended reporting period applies.

PRODUCING INSURANCE BROKER INFORMATION

Name: _____ Name of Firm: _____

Address: _____

Phone: _____ Cell Phone: _____ Fax: _____ Email: _____

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