



Real Estate Errors & Omissions Insurance Quick Quote – California

Brown & Brown Insurance is ranked as the ninth largest independent Insurance Intermediaries in the nation. BBKA-Programs Division has over 15 years experience in Real Estate Errors & Omissions Insurance. Coverage is placed through an AM Best "A VIII" Rated Surplus Lines carrier.

Full name of applicant:

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. **ENTITIES NOT NAMED WILL NOT BE COVERED**

Please complete the following questions:

- **If all responses are "No" you are eligible for our Quick Quote!**
- **If any response is "Yes" please complete the standard application available online at www.broprog.com**

1. Does the broker have less than three (3) years management experience? Yes No
2. Have there been any Mergers/Acquisitions in the past five (5) years? Yes No
3. Is your Gross Commission Income less than 70% Residential Home Sales? Yes No
4. In the past twelve (12) Months, has your Gross Commission Income exceeded \$150,000? Yes No
5. During the past twelve (12) months, has your percentage of dual agency transactions exceeded 25% of your total transactions? Yes No
6. Does the average value of homes you sell exceed \$1,000,000? Yes No
7. Does the number of Agent owned sales transactions exceed 10% of your total transactions? Yes No
8. Do you use forms other than approved by CAR or your local board? Yes No
9. Do you use Property Disclosure Forms on LESS than 90% of your transactions? Yes No
10. Does any partner, director, officer, employee or agent have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim? Yes No
11. Have there been any claims made against the firm, or any of its partners, directors, officers, employees, brokers or agents in the last five (5) years? Yes No
12. Have any persons proposed for this coverage ever been subject to disciplinary action by any real estate association, state licensing board or any other regulatory body as a result of real estate agents, brokers, property manager, or appraiser activities? Yes No
13. Do you receive any income from Mortgage Brokerage/Banking activities? **Mortgage Brokerage/Banking is excluded from coverage on the quick quote form.** Yes No

PLEASE CIRCLE YOUR DESIRED PREMIUM OPTION:

Costs to defend a claim will reduce your limit of liability; the deductible is only due if we pay damages to a claimant.

Limit of Liability (ea claim / annual aggregate)	Deductible (each claim)		
	\$1,000	\$2,500	\$5,000
\$500,000 / \$1,000,000	\$1,200	\$1,092	\$1,020
\$1,000,000 / \$1,000,000	\$1,464	\$1,332	\$1,244

CA residents must include the Surplus Lines State Tax and Stamping Fee: 3% State Tax and .225% stamping fee

Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Email: _____
 Phone: _____ Fax: _____

Premium: _____ Desired Effective Date: _____ (1 year term)

CA Surplus
 Lines tax & fee: _____ (3.225%) Retroactive Date: _____
 Please provide copy of expiring Declarations Page

Policy Fee: _____

Total Due: _____ (please add premium, SL tax/fee, and policy fee)

Please remit payment to Brown & Brown of California, Inc. - P.O. Box 7048 Orange, CA 92868

CREDIT CARD INFORMATION
 (Complete information is required to process)

  **Expiration Date:** _____

Account #: - - -

Name on Card: _____

Cardholder's Signature: _____ Date: _____

Important Reminder:

The coverage you are purchasing 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. This policy will not apply to any claims the applicant/Insured had knowledge of information on whether or not disclosed, and does not apply to 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 to your current carrier to prevent possible gaps in coverage. ERP available.

This document confirms my acceptance and approval as a member of the Real Estate Sales Professionals Purchasing Group which was organized under the Risk Retention Act of 1986, as amended. Cost for RPG: \$0. 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 will be provided on a claims-made and reported basis.

STATEMENT ACKNOWLEDGING THAT COVERAGE HAS BEEN PLACED WITH A NON-ADMITTED CARRIER

The undersigned hereby acknowledges that (s)he has instructed Brown & Brown, Inc. to place insurance coverage (s) with a surplus lines company and understands that the insurance coverage(s) written are **not** subject to the protection and benefits of the CA Insurance Guaranty Association. The undersigned is also aware that admitted coverage may be available from other insurance companies. As an exclusive Program Administrator for Mutual Marine Office, Brown & Brown, Inc. cannot provide other insurance quotes to the undersigned.

Name: _____ Title: _____

Signature: _____ Date: _____

COMPENSATION DISCLOSURE

Compensation

In addition to the commissions or fees received by us for assistance with the placement, servicing, claim handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. If applicable, Lancer Claim Services receives fees for claim handling under separate contracts with insurance carriers. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payment allowances from insurers based on factors which are not client-specific, such as the performance and/or payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after combined (or "pooled") with the premium dollars of other Insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date the premiums are remitted to the insured company or intermediary. In the event that we assist with placement and other details of arrange for the financing of your insurance premium, we may also receive a few from the premium finance company.

Questions and Information Requests

Should you have any questions, or require additional information, please contact this office at 1-800-280-7250, or, if you prefer, submit your questions or request online at:

<http://www.bbinsurance.com/customerinquiry.shtml>.

**CALIFORNIA ONLY
NOTICE**

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU."

Date: _____

Insured: _____