

## Coverage Details

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Applicant's Name:

DBA (if applicable):

### New Policy

What limit options would you like to have priced? \* (1 option must be selected, to a maximum of 3)

- \$1,000,000/\$2,000,000
  - \$1,000,000/\$1,000,000
  - \$500,000/\$1,500,000
  - \$500,000/\$500,000
  - \$250,000/\$750,000
  - \$250,000/\$250,000
- 

### Existing Policy

Does the applicant have an existing and in-force Real Estate Professional Liability policy and require prior acts coverage? \*

No Existing/In-Force Policy

Policy Effective Date \*

Existing/In-Force Policy with a Retroactive Date

By selecting this option, you affirm that the applicant has an expiring and in-force Real Estate Professional Liability policy with the same retroactive date selected below.

**Retroactive Dates prior to 2010 are NOT available to Real Estate Appraisers.**

Existing Policy Retroactive Date \*

Existing Policy Expiration Date \*

Existing/In-Force Policy with Full Prior Acts

By selecting this option, you affirm that the applicant has an expiring and in-force Real Estate Professional Liability policy that provides for Full Prior Acts coverage.

**Retroactive Dates prior to 2010 are NOT available to Real Estate Appraisers.**

Existing Policy Expiration Date \*

**For the previous 5 years how many claims has the applicant had:**

Related to this coverage \*

Which have incurred at least \$10,000 in payments and/or expenses \*

Does the applicant have any open claims? \*

 Yes No

**For the previous 12 months what was the applicant's:**

Revenue \*

**For the next 12 months what is the applicant's expected:**

Revenue \*

**Provide the approximate percentage of the applicant's annual revenue derived from:**

Real Estate Agent or Broker: Residential

 %

Real Estate Agent or Broker: Commercial

 %

Real Estate Agent or Broker: Agricultural

 %

Real Estate Agent or Broker: Raw land

 %

Property Manager: Residential

 %

Property Manager: Commercial

 %

Property Preservation Services

 %

Mortgage Field Inspection

 %

Real Estate Appraisal: Residential

 %

Real Estate Appraisal: Commercial

 %

Escrow/Closing Agent

 %

Title Agent

 %

Title Abstractor or Records Search

 %

Witness or Signing Agent

 %

Home Inspection

 %

Mortgage Broker or Banker

 %

Property Developer

 %

Real Estate Asset Management / Investment Advice

 %

Other

 %

Total \*

 %

## Applicant's General Information

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Phone Number \*

Address Line 1 \*

Address Line 2

City \*

State

Zip Code

### Mailing Address (if different)

Address Line 1

Address Line 2

City

State

Zip Code

### Applicant Information

FEIN / Taxpayer ID Number \*

Contact Name \*

Website Address

E-Mail Address

Applicant's Company Type (LLC, Corporation, Individual, Partnership, etc) \*

## Applicant's Professional Liability Details

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Year Business Established \*

Is the applicant currently insured for Real Estate Professional Liability with Admiral Insurance Company or any other W.R. Berkley Corp. entity?

Yes  No

Current Real Estate Professional Liability Insurer \*

What is the current limit profile of the expiring policy? \*

Total Employees \*

### If the applicant is a property manager the following section must be completed:

Has the applicant managed any of the following types of property in the previous 36 months? \*

Hotel or Motel  Shopping Center or Retail  
 Timeshares  Warehouse  No

Has the applicant provided any of the following services in the previous 36 months? \*

Construction Services  Mold, Asbestos, or Lead Remediation  No

### If the applicant is a real estate agent or broker, the following section must be completed:

Does 25% or more of the applicant's revenue come from any one builder or property developer? \* Yes  No

Has the applicant sold any timeshare or space-sharing properties in the previous 36 months? \* Yes  No

Has the applicant been involved with the construction, development or conversion of any condominiums, co-ops, or similar property in the previous 36 months? \* Yes  No

### If the applicant is a real estate appraiser the following section must be completed:

Is the applicant a staff appraiser or W-2 employee for any business entity other than the applicant Named Insured? \* Yes  No

Does the applicant provide services as an appraiser for REITs or property syndications? \* Yes  No

Does the applicant provide services as an appraiser for any property other than real estate including but not limited to personal property or business assets? \* Yes  No

Does the applicant provide appraisal management services, including but not limited to managing or assigning work to a panel or network of contract appraisers? \* Yes  No

Does the applicant provide any eminent domain or right of way appraisals? \* Yes  No

**If the applicant is a title agent, abstractor, escrow agent, or signing witness the following section must be completed:**

Do residential property transactions represent 80% or more of the applicant's revenue? \* Yes  No

Do independent contractors generate 50% or more of the applicant's revenue? \* Yes  No

Does a single source or client generate 25% or more of the applicant's revenue? \* Yes  No

Has any title insurer/underwriter ever cancelled, changed or non-renewed the applicant's agency contract? \* Yes  No

Is the applicant affiliated with any real estate broker, agency, mortgage, development or construction company through common ownership, operation or control, including any controlled business arrangements? \* Yes  No

Are the applicant and all of its principals, employees, and/or independent contractors licensed in accordance with applicable local, state, and federal regulations? \* Yes  No

**All applicants must complete the remainder of the application:**

Has the applicant or any of its principals, employees and/or independent contractors ever been convicted of a felony? \* Yes  No

Has the applicant or any of its principals or employees ever had professional liability insurance declined, cancelled, or non-renewed for any reason other than for non-payment of premium or carrier exit from the marketplace? \* Yes  No

Within the past five (5) years, has the applicant or any of its principals, employees and/or independent contractors been subject of complaints, charges, or disciplinary action for any reason, by a court, licensing board, or regulatory agency responsible for maintaining real estate professional standards? \* Yes  No

After inquiry, is the applicant or any of its principals or employees aware of any circumstances or incidents which may result in any claim against it or its principals, employees, or independent contractors? \* Yes  No

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

I/We understand that any subsequent contract issued by the Company will be issued on a CLAIMS MADE AND REPORTED form.

If I/we purchase Data Security and Privacy coverage, I/we warrant that:

- I/We have under 10,000 individual records that contain personally identifiable information or personal health records, including social security numbers, drivers license numbers, credit card numbers, or other sensitive records.
- I/We have not suffered a loss of more than five (5) records in the past five (5) years and are not aware of any circumstance that is likely to lead to a claim arising from a data security or privacy breach.

**Signature of the Applicant (Principal, Partner, or Officer):**

Sign Here 	
	Date <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>

Print Name

Title