



REAL ESTATE ERRORS AND OMISSIONS INSURANCE
EXPRESS APPLICATION

Please complete this form by typing responses in your internet browser and printing the completed form using the Print button in the top right corner. You may also print a blank form and fill it out using ink. To be eligible for this application you must be able to answer "true" to statements 1-6 below. Please note that mortgage brokering coverage is not offered with the Express Application. Please contact your agent if you are not eligible for this program or need mortgage brokering coverage.

Applicant Company Name _____

Name of Principal Broker _____

Address _____
Number and Street Suite Number

City or Town State/Province Zip/Postal Code

Mailing Address (if different) _____
Number and Street Suite Number

City or Town State/Province Zip/Postal Code

Telephone (_____) _____ Fax (_____) _____

Email Address _____ *In lieu of mailing my policy, you may email my policy to the above address. I agree to receive an electronic copy of my application with my policy.*

Total # of professionals earning \$20,000/yr or more _____ Total # of professionals earning less than \$20,000/yr _____ Annual # of Transaction Sides _____
(on closed real estate sales)

Status of Insured: Independent Contractor Sole Proprietor Partnership Corporation

NEW BUSINESS ACCOUNTS: Desired Effective Date ____ / ____ / ____ Retroactive Date ____ / ____ / ____ Copy of expiring Declarations page must be attached showing prior acts coverage date

RENEWAL ACCOUNTS: General Star Policy Number _____

To be eligible for the premium options shown below, the Responses to statements 1 through 6 must all be "True".

1. No owner, agent or member of the applicant company has had their license revoked, been investigated or been subject to any disciplinary Action by any licensing board, real estate association or other regulatory body within the last 5 years. True False
2. No owner, agent or member of applicant company has been cancelled, refused insurance or declined by another Carrier during the last 5 years (except due to loss of market or non payment of premium). True False
3. No owner, agent or member of the company is involved in property management, development or construction. True False
4. No owner or agent of the company has an exclusive listing agreement with any builder/developer. True False
5. The applicant's total gross revenues did not exceed \$ 300,000.00 for the last three (3) year period. (gross revenues are defined as all fees and commissions before expenses payable to employees and independent contractors). True False
6. The applicant and anyone to whom this insurance will apply is not aware of any professional liability claim or any acts, errors, omissions or Personal Injuries which might reasonably be expected to be the basis of a claim made against them within the past 5 years. True False

SELECT AND CIRCLE YOUR DESIRED PREMIUM PAYMENT OPTION AND REMIT WITH YOUR APPLICATION

If you have a policy in force, you will need prior acts coverage. Attach a copy of your current Declarations page showing the prior acts date.

ALL STATES EXCEPT CALIFORNIA

Deductible Loss & Expense	\$100,000/\$300,000	\$250,000/\$250,000	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$1,000	\$496	\$527	\$585	\$616	\$660
\$2,500	\$451	\$479	\$532	\$560	\$600
\$5,000	\$429	\$455	\$505	\$532	\$570

Claim Expenses are Outside the Limits of Liability

Kentucky Residents: The premiums on Page 1 do not include the State, City or County Taxes assessed in Kentucky. Contact your agent to obtain the amount of the tax prior to submitting this application.

West Virginia Residents: The State of West Virginia assesses a tax of .55% on insurance. Multiply premium chosen by 1.0055, round to the nearest dollar and include this to the premium selected.

New Jersey Residents: Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. The current assessment is 1.4% and will be displayed on your premium notice. Multiply the premium you selected above by 1.014 and round to the nearest dollar.

Florida Residents: Companies writing property and casualty insurance business in the State of Florida are required to collect a Florida Hurricane Catastrophe surcharge of 1%. Multiply the premium you selected above by 1.01 and round to the nearest dollar.

DISCLAIMER

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

NOTICE (for all states except Florida): By applying for this insurance, the applicant is also applying for membership in The Realtors Insurance Purchasing Group Association, a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

FRAUD WARNING

Notice to Applicants of all states except Colorado and Pennsylvania: Any person knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Notice to Pennsylvania Applicants: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

REQUIRED SIGNATURE

IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT. SHOULD A POLICY BE ISSUED IT WILL ATTACH TO THE POLICY.

I understand that the final premium will be rounded to the next dollar. I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application.



Signature

Date

Mail your application and check payable to your agent:



Founded in 1949 the Herbert H. Landy Insurance Agency has specialized in providing professional liability insurance since 1962, insuring thousands of professionals throughout the United States. We are committed to "earning the privilege" of being your chosen source for this valuable insurance.

Web: www.landy.com • Phone: 800-336-5422 • Fax: 800-344-5422
75 Second Avenue, Suite 410, Needham, MA 02494