



Real Estate Services Professional Liability Insurance Renewal Supplement

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

If response is none, state NONE.

Expiring Policy Number: _____

Full Name Of Applicant: _____ Title: _____

Business Name: _____

Phone #: _____ Fax #: _____ Email: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Website: _____

Contact Person & Phone Number: _____

Number of employees, including principals, and independent contractors:

Full-time: _____ Part-time: _____ Independent Contractors: _____ Total: _____

1. APPLICANT HISTORY

- a. During the last 12 months has the name, ownership or structure of the applicant changed, or has there been an acquisition, merger, consolidation, or any other change in business operations? Yes No
If yes, please provide complete details: _____

- b. During the last 12 months, have there been any changes to the applicant's risk management procedures or participation in continuing education courses designed to reduce real estate professional liability? Yes No
If yes, please provide complete details: _____

- c. In the past 12 months, has the applicant become part of a Franchise? Yes No
If yes, who is the franchisor? _____

- d. In the past 12 months, has the applicant used the services of a Designated Broker? Yes No
If yes, provide details. _____

2. APPLICANT SERVICES AND ACTIVITIES

- a. During the last 12 months, has the applicant or any affiliated entity, or any of the staff engaged in:
- (1) Construction Development? Yes No
- (2) Mortgage banking, brokering or loan servicing Yes No

If yes, please complete Mortgage Broker Supplement.

(3) Formation, management or organization of group investments or syndications (including limited partnerships, general partnerships, real estate investment trust (REIT) or corporation)? Yes No

b. Average value of properties handled by the applicant in the past 12 months: \$

c. Has any one client represented more than 25% of the applicant's income? Yes No

If yes, please provide complete details: _____

d. Has the applicant been an exclusive listing agent or on-site sales agent for a builder or developer? Yes No

If yes, please provide complete details: _____

e. Does the applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the applicant know of any claim, incident or other circumstance not previously reported to us that could result in a claim or suit against the applicant or any predecessor firm or any of the applicant's current or former professional staff? Yes No

If yes, please provide complete details: _____

f. Has the applicant ever been the subject of any disciplinary action by a regulatory agency resulting from the violation of any federal, state or local fair housing law? Yes No

3. PROFESSIONAL ACTIVITIES AND SPECIALTY

a. Describe all professional services performed for others. With respect to activities with a percentage field, also indicate the percentage of gross income derived from each of these activities.

		Gross Income Past 12 Months	Projected Income Next 12 Months	Number of Sides Or Transactions
Residential Sales (1 – 4 Units)		\$	\$	
Average Property Value	\$	\$	\$	
Highest Property Value	\$	\$	\$	
Commercial/Industrial Sales (Include Residential Properties Over 4 Units)		\$	\$	
Average Property Value	\$	\$	\$	
Highest Property Value	\$	\$	\$	
Residential Property Management		\$	\$	
Single Family Dwellings	%			
Apartment	%			
Home Owners Association	%			
Condo/Co-Op	%			
Timeshare	%			
Vacation Rentals	%			
Other	%			

		Gross Income Past 12 Months	Projected Income Next 12 Months	Number of Sides Or Transactions
Commercial Property Management		\$	\$	

rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

Fraud Warning: Any person who knowingly and with intent to defraud any Insurance Company or another 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 fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

WARRANTY

The undersigned declares that the statements set forth information contained herein are true. The undersigned agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. We authorize the release of claim information from any prior insurer to you.

This application must be signed within 60 days of the proposed effective date.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____