

# Real Estate Agents Errors and Omissions Liability Coverage Bridge Application

## 1. GENERAL INFORMATION

a. **FIRM NAME** (including all firm names, trade names, franchise affiliation or DBA's under which you operate): \_\_\_\_\_

ADDRESS (of principal office): \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL/WEBSITE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

b. Application: \_\_\_\_\_ Date Application Signed: \_\_\_\_\_  
(name of Carrier/Professional Liability Program) (Mo/Date/Yr)

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY  
WARRANTY**

In lieu of requiring the Applicant to complete the Insurer's application, the Insurer is willing to accept the attached application and any accompanying materials subject to the following. It is hereby understood and agreed that the attached application and its representation and warranties shall be deemed to be submitted by and on behalf of and be binding upon the Applicant and each and every proposed insured under the policy. It is further agreed that any misrepresentation, non-disclosure, concealment, or breach of warranty in such application shall be binding upon the Applicant and each and every proposed insured under the policy whether or not the proposed insured knew of, committed, or was responsible for such misrepresentation, concealment, or breach of warranty.

The insurance coverage for which you are applying is written on a Claims-Made Policy; therefore, only "claims" which are first made against you during the policy period are covered, subject to policy provisions. The word "claim" above has the meaning as defined by the provisions of the policy.

If you have any questions about the coverage, please discuss them with your insurance agent.

I declare that the information provided in this application is true and accurate to the best of my knowledge, I have not withheld or misstated any material facts, and I will notify the company if the information on this application changes between the date of this application and the effective date of any insurance provided. I agree that this application does not bind the company to issue or the applicant to purchase the insurance. I further agree this application will become part of the policy of insurance should one be issued.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION MUST BE CURRENTLY SIGNED AND DATED BY A PRINCIPAL OF THE FIRM TO BE CONSIDERED FOR A QUOTATION.**

|   |                  |
|---|------------------|
| <b>INSURANCE AGENT MUST COMPLETE THE FOLLOWING:</b> |                  |
| Person to Contact                                   |                  |
| Agency Name   |                  |
| Address   |                  |
| Phone   | Fax              |
| Agent License #                                     | Broker License # |