

Builder/Developer Exclusive Listing Supplemental Application Real Estate Agents Errors and Omissions Liability Coverage

Firm Name: _____

Provide the following information for each builder or developer you represent under an Exclusive Sale, Marketing or Listing Agreement:							
Name of builder/developer; name of development project or subdivision and Property Type (check all that apply)?	Does any agent of the firm have an ownership interest in this entity or project?	Number of transactions		Gross Revenue from transactions		One time listing or ongoing relationship? Length of your relationship?	Percentage of these transactions where you act as dual agent?
		Prior year	Estimate next 12 months	Prior year	Estimate next 12 months		
a. Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condos <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No.					One time listing? <input type="checkbox"/> Yes <input type="checkbox"/> No. On-going relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No. Length of relationship? _____ years	
b. Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condos <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No.					One time listing? <input type="checkbox"/> Yes <input type="checkbox"/> No. On-going relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No. Length of relationship? _____ years	
c. Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condos <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No.					One time listing? <input type="checkbox"/> Yes <input type="checkbox"/> No. On-going relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No. Length of relationship? _____ years	
d. Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condos <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No.					One time listing? <input type="checkbox"/> Yes <input type="checkbox"/> No. On-going relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No. Length of relationship? _____ years	

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e. Does the firm serve as on-site agent for any builder/developer?..... Yes No.

I declare that the information provided in this supplemental 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 supplemental application changes between the date of this supplemental application and the effective date of any insurance provided. I agree that this supplemental application does not bind the company to issue or the applicant to purchase the insurance. I further agree this supplemental application will become part of the Real Estate Errors and Omissions Liability Coverage Application.

Name: _____ Title: _____

Signature: _____ Date: _____

MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.