

NORMAN-SPENCER AGENCY, INC.
Real Estate Professional Liability Program

Real Estate *Instant* Rater Application
(California)

Name of Applicant: _____
dba (if any): _____
Name of Principal Broker: _____ Principal Contact Name: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Website Address: _____ Email Address: _____
Entity Type: Sole Proprietor Corporation Partnership Other: _____
Year Firm Established: _____ Year Principal Broker First Licensed: _____
MM/DD/YYYY MM/DD/YYYY

To be eligible for the premium options on page two the responses to Questions 1 through 7 must be "No"!

- 1. Has the applicant's total gross revenues been more than \$150,000 in any one of the past three (3) calendar years? YES NO
 - 2. Does the applicant provide any services involving property management, commercial real estate sales, commercial leasing, business brokerage, appraisals, construction, development or mortgage brokerage? YES NO
 - 3. Does the applicant maintain any exclusive listing agreements with a builder or developer? YES NO
 - 4. Have you or anyone to whom this insurance would apply had their licensed revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body during the past three (3) years? YES NO
 - 5. Have you or anyone to whom this insurance would apply had any claims made against you/them during the past three (3) years? YES NO
 - 6. Are you or anyone to whom this insurance would apply aware of any acts, errors, omissions or other circumstances which might reasonably be expected to lead to or, be the basis of, a claim or suit? YES NO
 - 7. Have you or anyone to whom this insurance would apply been refused insurance, been canceled, non-renewed or declined during the past three (3) years? YES NO
- If you answered "YES" to any of the above questions we require further information about your firm. Please visit our website at www.norman-spencer.com/programs/real-estate-ee to complete a full application and for further information about our program.
- 8. Does the applicant currently maintain real estate errors and omissions insurance? If so, please submit a copy of your Declaration page and all endorsements, so that we may provide prior acts coverage. YES NO

FRAUD WARNING
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 and denial of insurance benefits.

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: _____

Signature: _____ Date: _____

"Please note that the application must be signed by the principal broker of the applicant firm"

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Please select the coverage your client desires from the premium table. Complete steps 1-3 in the Selected Coverage section and then enter the appropriate premium amount that corresponds to the desired Limits of Liability and Deductible selected in the Payment Calculation section. Add the Premium, California Surplus Lines Tax/Stamping Fee and the Placement or Purchasing Group fee together to obtain the total charges.

Premium Table Deductible Loss & Expense	Limits of Liability		
	\$250,000/\$250,000	\$500,000/\$500,000	\$1,000,000/\$1,000,000
\$2,500	\$850	\$950	\$1,100
\$5,000	\$750	\$850	\$1,000

California Residents: A Surplus Lines Tax (3%) and Stamp Fee (.25%) are required. Please add this to the premium selected.

Step 1. Desired Limits of Liability: _____

Step 2. Desired Deductible: _____

Step 3. Requested Effective Date: _____

Payment Calculation:

Premium: \$ _____

Surplus Lines Tax: \$ _____ (= Annual Premium x .03)

Stamping Fee: \$ _____ (= Annual Premium x .0025)

Placement or Purchasing Group fee: \$ 75.00

Total Charges: \$ _____

Binding Instructions

- Complete Steps 1-3 above and Payment Calculation section.
- Remit this page along with the Application (page 1 above) after its completion by your client, and a check for the net payment (i.e. net payment is the total charges less the commission we agreed to pay you as specified in the addendum to the Agency Market Agreement between your agency and Norman-Spencer) to:

Norman-Spencer Agency, Inc.
8075 Washington Village Dr.
Dayton, OH 45458

- Please complete the information below on your agency so we know who the bind order is from:

Agency Name: _____

Contact Name: _____

Address: _____

City, St., Zip: _____

Phone: _____

Fax: _____

Note: The Placement or Purchasing Group Fee is not commissionable.