

Please complete this application answering all questions. An incomplete application cannot be processed. Completion of this application neither binds coverage nor guarantees that a policy will be issued. To use this form, you may mouse click on or select a field and move between fields using the tab key.

**INSTRUCTIONS TO THE APPLICANT:**

- The application must be signed and dated by an owner or officer of the applicant.
- **This application is for all States except Alaska, California, Louisiana, New York, or West Virginia.**
- If more space is required to answer a question, please attach a separate sheet or continue on letterhead.

**I. GENERAL INFORMATION**

1. Name of Applicant: (Please include the complete name of any agency, firm, franchisee operation or DBA's under which you operate):
2. Has there been any change in name, address, ownership or operation within the past year or do you anticipate such changes within the next year? If **YES**, please explain including the effective date.  Yes  No

**II. STAFF, OPERATIONS, AND RISK MANAGEMENT**

1. Indicate the total number of Staff: a. Full-time\* Professionals: \_\_\_\_\_ b. Part-time Professionals: \_\_\_\_\_ c. Inactive Professionals: \_\_\_\_\_  
\*Full-time is defined as earning more than \$20,000 in annual commissions or fees.
2. Has any member of the applicant performed professional services for any other business in which they hold an ownership or managerial interest?  Yes  No
3. Did/will any client or project represent more than 25% of your gross annual revenue (past or projected 12 months)?  Yes  No  
If YES, please provide an explanation:
4. What percentage of transactions, over the past year, involved the applicant representing both the buyer and seller in a single transaction (in some states referred to as Dual Agency)? \_\_\_\_\_ %
5. Does the applicant, or any agent, have any exclusive listing agreements or exclusive leasing agreements with any builder/developer? \*  Yes  No
6. Is any member of the applicant involved in any of the following real estate activities:
  - a. General Contractor  Yes  No
  - b. Construction Manager  Yes  No
  - c. Builder/Real Estate Developer\*  Yes  No
  - d. Property Rehab or Renovations\*  Yes  No
  - e. Formation or Management of Group Investments, Syndications, REITs, Trusts, or Partnerships  Yes  No
7. Please provide the percentage for each of the following questions:
  - a. Staff members who hold either a broker's license or other Professional Designations (e.g., CCIM,GRI, CRS, MAI, SRA) \_\_\_\_\_%
  - b. Licensees who have completed a risk reduction seminar \_\_\_\_\_%
  - c. Licensees who have completed formal continuing education courses \_\_\_\_\_%
  - d. Transactions included an offer to obtain a home warranty \_\_\_\_\_%
  - e. Transactions included a home inspection on the property \_\_\_\_\_%

**III. CLAIMS INFORMATION**

- ANSWER THE FOLLOWING QUESTIONS ONLY AFTER INQUIRING OF EACH OWNER, OFFICER, MEMBER, EMPLOYEE, AND INDEPENDENT CONTRACTOR.
1. Has any of the above reference persons or the applicant been subject to a felony conviction, license surrender or been subject to any investigation, license revocation, suspension or other disciplinary action by any licensing board, real estate association, or other regulatory body within the past year?  Yes  No
  2. After inquiring, have any claims been made against the applicant or any of the aforementioned persons within the past year?  Yes  No
  3. After inquiring, **are** any of the aforementioned persons aware of any act, omission, personal injury, fact, circumstance, situation, or incident, which could be a basis for a claim?  Yes  No

**PLEASE NOTE:** Failure to report to your current insurance company any claim made against you during your current policy term, or facts, circumstances or events, which could give rise to a claim against you BEFORE the expiration of your current policy term, may jeopardize your coverage. This policy will not apply to any claim which any person proposed for this insurance knew of prior to the effective date of the policy or an act, error, or omission, which could be the basis of a claim.

**IV. GROSS REVENUE and AREAS OF PRACTICE**

1. Please complete the following grid providing the applicant’s gross revenue from all services offered. If newly established, please provide projections. Gross revenue is defined as all commissions and fees, before expenses or any splits with agents or appraisers.

	Areas of Practice	Past 12 Months	
		Number of Transactions or Appraisals	Gross Income
	<b>RESIDENTIAL</b>		
	Residential Property Sales (1-4 Units)		
	Residential Raw Land		
	Leasing - Residential (Property not managed)		
	Property Management - Residential		
	Agent Owned Property Transactions		
	<b>COMMERCIAL</b>		
	Commercial Property		
	Commercial Raw Land		
	Leasing – Commercial (Property not managed)		
	Property Management – Commercial		
	Business Brokerage/Sale of Business Opportunities*		
	Farm/Ranch/Vineyards (income producing)		
	Industrial Property Sales or Leasing		
	Agent Owned Property Transactions		
	<b>MISCELLANEOUS BROKERAGE SERVICES</b>		
	Auctioneering (Real Property)		
	Broker Price Opinions (BPOs)		
	Condo/Homeowners Association Management*		
	Escrow Agent (short-term for your real estate clients)		
	Mortgage Brokerage		
	Real Estate Consulting (Describe):		
	Referral Fees		
	Other (Describe):		
	<b>APPRAISAL SERVICES</b>		
	Residential Appraisals		
	Residential Appraisal Reviews		
	Residential Desktop Appraisals		
	Commercial/Industrial Appraisals*		
	Appraisal of Blueprints or Construction Draws*		
	Appraisals involving multiple properties, condominium conversions, new construction/development projects*		
	Conservation, Right-of-Way or Public Sector Appraisals*		
	Other*(Describe)		
	<b>TOTALS:</b>		

\*Supplemental Application Required

2.	<b>PROPERTY MANAGMENT:</b> Please answer the following questions for property management services offered. <span style="float: right;"><input type="radio"/> N/A</span>
	Number of Units Managed: _____Houses    _____Apartments    _____Condos    _____Office Buildings    _____Shopping Center
	Does the applicant require proof that there is liability insurance in place for each property managed? <span style="float: right;"><input type="radio"/> Yes    <input type="radio"/> No</span>

**NOTICE:** This insurance company is an “admitted” or “licensed” insurer in all states, subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

## V. ACKNOWLEDGEMENTS, NOTICES, AUTHORIZATION, and SIGNATURE

### FRAUD WARNINGS

**Notice to Applicants of all states except Colorado, Florida, Kentucky, New Jersey, New Mexico, Oklahoma, Oregon, Pennsylvania, Virginia, Washington and D.C.:** 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 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.

**Colorado Notice:** 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 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. Any insurance company or insurance agent who knowingly provides false, incomplete or misleading 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.

**Notice to Florida Applicants:** 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.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to Oklahoma Applicants: Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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.

**Notice to Virginia Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Washington and Washington D.C. Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines 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 misrepresented 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 completion of this application does not bind the company to issue a policy or bind the applicant to purchase the insurance. I further agree that this application shall be the basis of the contract and will attach to the policy of insurance should a policy be issued.**

***Please note that the application must be signed and dated by an owner or officer of the applicant.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name and Title

***For Florida Agents Only:***

Insurance Agent or Producer's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

***For Iowa and New Hampshire Agents Only:***

Insurance Agent or Producer's Name: \_\_\_\_\_

Insurance Agent or Producer's Signature: \_\_\_\_\_