



General Star National Insurance Company



## Real Estate Errors and Omissions SUPPLEMENTAL BRIDGE APPLICATION

All States except Alaska, California, Louisiana, New York, or West Virginia

Name of Applicant: \_\_\_\_\_

### SECTION 1

Answer the following question only after inquiring of each owner, officer, member, employee and independent contractor. Are you aware of any:

1. Claim(s) made against the applicant or any of the aforementioned persons within the past five (5) years? Yes No

**Completion of the Board Investigation/Claim Supplemental Application and submission of insurance company loss runs will be required (past five years), if you answered "Yes" to the above questions.**

### SECTION 2

1. Is any member of the applicant involved in Acquiring properties or deeds of financially distressed homeowners (including sale-leaseback agreements)? *If yes, please provide details.* Yes No
2. **PROPERTY MANAGEMENT SERVICES (ONLY)** - Does the applicant require proof of liability insurance from all contractors hired to provide services? Yes No

### SECTION 3

**By signing this SUPPLEMENTAL BRIDGE APPLICATION, the undersigned, on behalf of the Applicant firm and all persons proposed for coverage, represents and agrees to each of the following five (5) items:**

1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any professional of the Applicant firm is aware of any actual or alleged act, error, omission or **Personal Injury** that is or might reasonably be expected to result in a **Claim**, and have fully and completely divulged any and all such situations to the Company.
2. This SUPPLEMENTAL BRIDGE APPLICATION, along with the attached Real Estate Errors & Omissions application and any required additional supplemental applications submitted to and accepted by the Company shall constitute the Application.
3. Each of the statements and answers given in the Application, are:
  - a. Accurate, true and complete to the best of the Applicant firm's knowledge;
  - b. Material to the underwriting of the risk;
  - c. No material facts have been suppressed or misstated;
  - d. Representations that the Applicant firm is making on behalf of all persons and entities proposed to be insured; and
  - e. A material inducement to the Company to provide insurance and any policy by the Company is issued in specific reliance upon these representations.
4. The Application is hereby deemed to be attached to, and incorporated into, any policy contract that is issued, whether or not any of the applications or supplemental applications comprising the Application are physically attached to a particular copy of the policy contract, and regardless of whether any of them are signed or dated.

5. The Applicant firm agrees to promptly report to the Company, in writing, any material change in its operations, conditions, or answers provided in the Application that may occur or be discovered after the completion date of the Application, but before the inception date of the policy issued by the Company. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance, including any bound coverage.

## NOTICE

**General Star National 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.

The following fraud notices supersede any others that may appear in any Application or Application Supplement:

### FRAUD WARNINGS

**Notice to Applicants of all states except Colorado, District of Columbia, Florida, Kentucky, New Jersey, New Mexico, Oklahoma, Pennsylvania, Vermont, Virginia and the State of Washington:** 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:** 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 any 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 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 Vermont Applicants:** 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.

**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 State of Washington 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.**

Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

***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: \_\_\_\_\_