



REAL ESTATE SERVICES PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

All questions must be fully completed. If there is insufficient space to complete an answer, continue on a separate sheet of the applicant's letterhead. If a question is not applicable, state N.A. This form must be completed, signed and dated by a principal of the applicant.

SECTION I – GENERAL INFORMATION

1) Full Name of Applicant:

(Include ALL Firm names, trade names or DBA's under which the applicant operates, including subsidiaries)

2) Principal Address:

3) List all states in which the applicant operates:

4) Does the applicant have any other office locations? Yes No
If yes, list complete addresses on a separate attachment.

5) Year Established:

6) Website:

7) Applicant is a:

Partnership Sole Proprietor Corporation
Independent Contractor Joint Venture Other:

8) Effective date desired:

9) Limits of Liability desired (inclusive of defense expenses) Per Claim Aggregate
Deductible desired (inclusive of defense expenses) Per Claim Aggregate

10) Has the name of the name of the applicant ever changed or has there been any acquisition, consolidation, dissolution, merger or any other change in business organization during the past five (5) years? Yes No
If yes, provide full particulars on a separate sheet, including all Firm names, in chronological order. Additionally, provide claims information (as per SECTION XII for all prior Firms).

11) During the coming twelve (12) months, does the applicant contemplate offering any services not currently offered, or any mergers or acquisitions? Yes No
If yes, provide details on a separate attachment.

12) Indicate Staffing:

	Employees	Independent Contractors	Number Licensed
Principals, Partners, Officers, Directors			
Real Estate Sales Agents/Brokers			
Property Managers			
Real Estate Leasing Agents/Brokers			
Notaries			
Mortgage Brokers			
Construction Managers (Owner's Representatives)			
Title Agents/Abstractor			
Escrow Agents/Closing Agents			
Real Estate Developers			
Real Estate Asset managers/Investment Advisors			
Clerical			
Other:			
TOTAL STAFF			

Has any person listed above ever had a professional or business license suspended or revoked? Yes No
 If yes, provide details on a separate attachment.

13) Complete the following for each partner, principal, officer and director of the company:
 (Designation Codes: P = Partner, PR = Principal, O = Officer, D = Director)

Name	Designation	Date of Affiliation with Applicant	Professional Designations Received	Association Memberships

14) Specify gross income derived from the following services:

	Estimate for This Year	Estimate for Previous Year
Residential Real Estate Commissions		
Non-Residential Real Estate Sales Commissions		
Property Management Fees		
Real Estate Leasing Commissions/Fees		
Mortgage Brokerage Fees		
Real Estate Appraisal Fees		
Real Estate Asset Management/Investment Advisory Commissions		
Title Agents/Abstractors Commissions/Fees		
Escrow/Closing Fees		
Insurance Brokerage Commissions/Fees (excluding title insurance)		
Property Development Fees		
Other:		
TOTALS:		

*Inclusive of formation, promotion, syndication, offer or sale of general or limited partnership interests, Real Estate Investment Trusts, or any investments regulated by the SEC or NASD.

15) Does your firm provide direct access to any of the following services with obtaining fees:

- Mortgage Broker Yes No
- If yes, Name of Company:
- Real Estate Appraiser Yes No
- If yes, Name of Company:

SECTION II – REAL ESTATE SALES & BROKERAGE SERVICES

If you do not provide these services, please check here and continue to Section III.

16) List Board of Realtors memberships:

- 17) What percentage of transactions involved acting dual agent, intermediary or transactional broker? %
- Do you use a standard disclosure statement for dual agent transactions? Yes No
- If yes, attach a copy of same.
- Does the applicant participate in Multiple Listing Services? Yes No
- 18) Is the applicant a member or affiliate of any national franchise, referral or relocation organization? Yes No
- If yes, list membership affiliations:

19) With respect to residential sales, does the applicant use standard contract forms approved by a local Board of Realtors or State Association of Realtors? Yes No

20) Does the applicant participate in any home protection or warranty program? Yes No
 If yes, indicate the percentage of properties sold during the past twelve (12) months which %
 were covered under such program(s) and briefly describe the program(s):

21) Specify the number of transactions by category for the past twelve (12) months:

	Residential (1-4 Family)		Commercial		Industrial/Warehouse
	Multi-Family		Office Buildings		Hotel/Motel
	Condos/Co-ops		Retail Shopping		Vacant Land/Agricultural
	Other:				

22) List the top three (3) transactions, by property value, past twelve (12) months:

Description of Property/Location	Value	Commission/Fee Income
	\$	\$
	\$	\$
	\$	\$

23) During the past twenty-four (24) months, has the applicant sold any properties in which the applicant has held a direct or indirect beneficial ownership interest? Yes No
If yes, submit complete details, including description and location of property, market value and percentage of equity interest.

24) Indicate total amount of financing handled by the applicant during the past twelve (12) months: \$

	Residential	Commercial	Other
Amount of Principal	\$	\$	\$
Number of Leases			
Maximum Value of any Single Lease	\$	\$	\$

25) Does the applicant handle assets other than real estate (e.g. heavy machinery, high-tech equipment, office equipment, automobiles)? Yes No
 If yes, briefly describe:

26) Indicate percentage of:
 Operating Leases %
 Capital Leases %

27) Have any leasing structures arranged by the applicant ever been dismissed by the IRS? Yes No
 If yes, provide details:

28) Does the applicant have discretionary authority to commit others' funds? Yes No
 If yes, provide details:

SECTION III – TITLE ABTRACTOR AND ESCROW SERVICES

If you do not provide these services, please check here and continue to Section IV.

29) List states with the applicant provides title and/or escrow services:

Is the applicant required by such states to be licensed as a title insurance, title abstractor/searcher or escrow closing agent?

Yes No

30) Does the applicant provide U.C.C reports?

Yes No

Are such reports certified by the applicant for accuracy?

Yes No

31) List title insurance companies represented by the applicant:

32) Who performs title searches for title insurance policies issued by the applicant?

33) List percentages of data compiled from the following sources (must equal 100%):

%	Courthouse Records	%	Computers/Databases (using in-house program)
%	Independent Abstractors/Searchers	%	Non-Owned or Shared Computers/Databases
%	Title Insurance Company Plan (specify):		

34) Does the applicant render title opinions?

Yes No

a. Based on your own Abstracts or Title searches?

Yes No

b. On Abstracts or Title Searches of others?

Yes No

c. Do licensed attorneys provide these title opinions?

Yes No

**The policy will exclude professional services as an attorney.

35) Has any person listed above ever had a professional or business license suspended or revoked?

Yes No

If yes, provide details on a separate attachment.

36) Provide a breakdown of title commissions/fees attributed to the following categories of real estate:

%	Residential	%	Oil & Gas
%	Industrial	%	Agricultural
%	Commercial	%	Minerals
%	Other:	%	Other:

37) Describe procedures for ensuring that commingling of escrow funds does not occur:

38) Does the applicant maintain a fidelity bond?

Yes No

If yes, specify name of carrier, limits and effective/expiration dates:

39) Have you handled disbursement of funds as construction progressed or period disbursement type escrows? Yes No
 If yes, provide details and include percent of any gross revenue generated from these types of escrows.

40) Show the total number for the last fiscal year:

Escrows Opened		Escrows Cancelled	
Escrows Closed		Escrows Active	
Total Amount of Escrows		Average Amount	

SECTION IV – MORTGAGE SERVICES

If you do not provide these services, please check here and continue to Section V.

41) Year applicant first began continuously offering mortgage brokerage services:

42) Applicant operates as (check):

- | | |
|----------------------------|-----------------------------|
| Federal Savings Bank | Independent Mortgage Broker |
| Life Insurance Company | Mortgage Company |
| Savings & Loan Association | Commercial Bank |
| Other (specify): | |

43) Has the applicant ever lost a lender’s approval such that the Applicant could no longer submit client applications to that lender? Yes No
 If yes, provide specifics:

44) Describe pre-qualification procedures with respect to both residential and commercial borrowers:

45) Explain procedure for verifying the validity of documents received from borrowers and provided to lenders:

46) List the three (3) lenders, by loan volume, to which the applicant most frequently submits applications:

- A)
- B)
- C)

47) Applicant is involved in which of the following (specify percentages):

- | | |
|-------------|---|
| Warehousing | % |
| Wholesale | % |

48) Indicate the percentage of Gross Revenue from the following activities:

Loan Origination	%
Loan Servicing	%
Loan Underwriting	%
Loan Funding/Lending	%
Yield Spread Premiums	%
Other (specify):	%
Commercial	%
Residential Construction	%
Commercial Construction	%
Other Construction	%
Other (specify):	%

49) What is the total amount of all mortgages originated/serviced in the past 12 months?

	Residential	Commercial	Other
Dollar Amount	\$	\$	\$
Number of Mortgages			
Max Dollar Value (of any one Mortgage)	\$	\$	\$

50) Specify the percentage of gross mortgage services revenue derived from:

Conventional Mortgages	%
VA/FHA Guaranteed Mortgages	%

51) Do you anticipate doing any subprime loans within the next 12 months? Yes No

52) What percentage of your gross revenue will come from subprime loans? %

53) If you indicated zero percentage in question 52 above, advise:

- a. Have you ever provided a subprime market loan? Yes No
- b. When was the date of the last subprime loan provided?
- c. Why did you provide the subprime loans?

d. Did your prior professional liability insurance (if applicable) exclude subprime loans? Yes No

54) What percentage of your Gross Revenues is derived from reverse Mortgages? %

55) What percentage of your Gross Revenues is derived from interest-only loans? %

56) Does the applicant have an in-house line of credit? Yes No

57) Does the applicant ever solicit lenders for construction loans, land acquisition loans and/or development loans? Yes No

If yes, describe the applicant's experience in handling these types of loans:

58) Are you affiliated with, or do you have common ownership with a financial lending institution? Yes No
 If yes, provide details:

59) Have you, or any past or present staff member ever been criticized, disciplined, or fined by any governmental agency, regulatory entity, investor group, warehouse wholesale/banker, or the Department of Housing and Urban Development (HUD)? Yes No
 If yes, provide details:

60) Have you ever closed a loan that went into bankruptcy or is no longer in business? Yes No
 If yes, provide the following information:

Name of Defunct Lender	Number of Loans	Dollar Value of Loans
		\$
		\$
		\$
		\$

SECTION V – PROPERTY MANAGEMENT SERVICES

If you do not provide these services, please check here and continue to Section VI.

61) List top five (5) properties managed, type of property (e.g. residential, office commercial, retail, industrial, farm, vacant land), most recently appraised value, amount of Applicant’s ownership/equity interest therein:

Location/Address	Type of Property	Appraised Value	Ownership/Equity Interest
		\$	
		\$	
		\$	
		\$	
		\$	

62) Is a credit report obtained on all respective tenants? Yes No

63) Is a budget prepared for each property managed? Yes No

64) Does the applicant handle collections? Yes No

65) Does the applicant maintain responsibility for maintaining insurance coverage on each property managed? Yes No

Are all managed properties insured to value? Yes No

Specify the minimum Commercial General Liability (“CGL”) coverage limit required on managed properties:

66) Briefly describe procedures for handling tenant complaints:

67) Does the applicant understand there is **NO** coverage under the proposed policy for damages or claims expenses in connection with Property Management Services provided on properties where you have any ownership interest? Yes No

68) Attach a copy of the applicant’s standard property management contract.

SECTION VI – REAL ESTATE APPRAISAL SERVICES

If you do not provide these services, please check here and continue to Section VII.

69) Provide the following information for the most recent 12 months:

	Number of Appraisals	Fee Income	Highest Value Past 12 Months
Residential		\$	\$
Commercial		\$	\$
Other:		\$	\$

Describe top appraisal clients (e.g. banks, individuals, investors, other):

70) Is this more than 50% of your income derived from 1 client or mortgage company? Yes No

If yes, list:

71) Please advise the number of properties appraised over \$500k.

72) Number of licensed appraisers:

73) Please provide percentage of your income from:

Appraisals of proposed developments	%
FHA Appraisals	%
Ad Valorem or Tax Appraisals	%
Right of Way or Eminent Domain Appraisals	%

74) Attach a copy of applicant’s standard property appraisal contract.

SECTION VII – REAL ESTATE ASSET MANAGEMENT/INVESTMENT ADVISORY SERVICES

If you do not provide these services, please check here and continue to Section VIII.

75) Does the applicant manage or act as general partner of any limited partnership(s)? Yes No
If yes, attach a schedule showing:

- a. Name(s) of limited partnership(s);
- b. Function and services performed by applicant/subsidiary/affiliate;
- c. Number and type of properties comprising assets of each partnership;
- d. Market values of assets for two most recent fiscal years;
- e. Number of limited partners of each limited partnership;
- f. Applicant’s ownership percentage of each limited partnership.

76) Does the Applicant recommend investments in mortgage loans or pools of such loans? Yes No
 If yes, advise percentage which are:

Short-term (1-3 years)	%
Intermediate (3-10 years)	%
Long-term (10 years or more)	%
Commercial/Industrial	%
Residential	%
Other:	%

77) Does the applicant recommend investments in new developments or in short-term construction and development loans? Yes No

78) How often do clients receive portfolio statements?

How often are meetings held with clients?

Describe the procedure for timely notification to discretionary clients of transactions and changes in their portfolios:

79) Describe fee structure: (e.g. flat fee, percentage of assets under management, commissions, other)

80) Submit the following materials:

- a. Sample of investment advisory contract;
- b. Exhibit of information demonstrating changes in vacancy rates of clients' properties, by region, over the past five (5) years;
- c. Procedures used to identify and evaluate new investment and lending opportunities.

SECTION VIII – JOINT VENTURES

If you do not provide these services, please check here and continue to Section IX.

81) Is the applicant involved in any joint ventures? Yes No
 If yes, complete the following information in order to be evaluated for coverage.

Name of Joint Venture	Name(s) of Other Partners	Applicant's Ownership Interest	Joint Venture Revenues	Nature of Professional Services Rendered
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

SECTION IX – GENERAL PROCEDURES, CLAIMS HISTORY AND INSURANCE HISTORY

82) Does the applicant have an in-house legal department? Yes No
 If yes, briefly describe the nature of legal services rendered by in-house counsel:

83) List firm name, contact name and address of outside legal counsel:

84) List firm name, contact name and address of outside CPA/accounting firm:

*For each and every claim, click the link to complete the [Supplemental Claim Information Form](#).

85) Has any claim ever been made against the firm in the past five (5) years? Yes No
 If yes, attach details stating:

- a. Date when Claim was made.
- b. Date the act giving rise to the claim was committed
- c. Name of the claimant.
- d. Final disposition (including paid indemnity amounts and expense amounts).
- e. Nature of claim.
- f. Amount of alleged damages.
- g. Amount of reserves if claim is open.

After inquiry is the applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? Yes No
 If yes, attach a statement giving full details.

86) Has the applicant, any predecessors in business, or any other person for whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier? Yes No
 If yes, attach a statement giving full details.

87) Please provide the following information as respects the last five (5) years of professional liability coverage beginning with the most current coverage:

Carrier	Limits	Deductible	Premium	Policy Term	Retroactive Date

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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 an 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.