



ERRORS & OMISSIONS INSURANCE

(Claims First Made & Reported Basis)

Answer all questions. Explain if the question does not apply, and if space is insufficient, attach an additional explanation sheet. The Application must be signed and dated by a partner, officer or director of the Applicant.

1. Name of Applicant: _____ Requested effective date of policy: _____
2. Requested Limit of Liability: \$ _____ Deductible: \$ _____ (minimum \$1000)
3. Contact Person: _____ Title: _____ Website: _____
4. Telephone Number: _____ Fax Number: _____ Email: _____
5. Street Address: _____ City: _____ State: _____ Zip Code: _____
6. Sole Proprietor Corporation Partnership Joint Venture Individual Other _____
7. Are there other office locations? *If yes, provide details.* YES NO
8. Date company was established: _____ Where is Company licensed or registered? _____
9. Average number of years of experience of key personnel in this field: _____
10. In the past five years has the name of the Company been changed or has any other business been purchased, or has any merger or consolidation taken place? *If yes, provide details.* YES NO
11. Describe nature of your business (mode or method of operation, type of services performed, where such operations are performed, etc.)

(You are being asked to describe the services, types of claims, exposures, or risks you want to insure. This information may be used to create "Named Insured's Professional Services" as it appears on the policy. Your suggested wording will be considered by the underwriters but is subject to change based on underwriting requirements or may be further negotiated. Your proposed wording is not an insuring agreement.)

12. Do you control, own, and/or manage any other business entity(ies)? YES NO
Do you provide any services to such business entity(ies)? YES NO
Does any employee of the applicant serve on the Board of Directors of any client of the applicant? YES NO
Provide detailed explanation to any "Yes" Responses
13. Do you require a written contract or agreement for services with your clients? *(If yes, answer 13a-13d)* YES NO
a. Hold harmless or indemnity agreements insuring to your benefit? YES NO
b. Hold harmless or indemnity agreements insuring to your client's benefit? YES NO
c. Guarantees or warranties? *(Guarantees or warranties will not be covered under the E&O Liability Policy)* YES NO
d. Specific description of the services you will provide? YES NO
14. **Gross Income:** Present Financial Year \$ _____ (Est.) Next Financial Year \$ _____ (Est.)
*** Real Estate Agents, please list your COMMISSIONS.**
15. Loss Control (all locations) – Do you utilize a procedures manual? YES NO
16. What additional safeguards or procedures do you employ to avoid liabilities or losses? _____
17. Number of employees who are: Full Time: _____ Part Time: _____ Sub Contractors*: _____
***Sub-contractors who work for others will not be covered under the Policy.**

CLAIMS HISTORY/EXPERIENCE: *(For questions 18-20 answered yes, please complete the E&O Claim Supplement for each claim, circumstance, act, error or omission.)*

To avoid loss of coverage, it is imperative that all known circumstances, acts, errors, omissions which could result in a professional liability claim against the Applicant, or any of its predecessor companies, be reported to your current insurer within the time period specified in your **current policy**.

As used in the questions below, the term "claim" shall mean a demand received by the Applicant for money or services, including the service of suit or institution of arbitration proceedings against the Applicant.

18. Have any claims or suits been made during the past five years against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons, or employees? YES NO

It is agreed that if there is knowledge of any such circumstance, acts, errors, omissions or any claim subsequently emanating therefrom shall be excluded from coverage under the insurance being applied for.

19. Is the Applicant aware of any circumstances, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the persons or entities described above? YES NO
20. Has the Applicant or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities? YES NO
21. Please provide the following information for similar insurance, if any, carried during the last five years. If none carried, state so. Include any coverage which may be directly related or may respond in part to the exposure.

<u>Policy Period</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>

22. Has any application for insurance similar to the insurance sought by this application been made by or on behalf of the Applicant or any of its predecessors in business or present partners, owners, officers, sales personnel or employees ever been declined or has any such insurance ever been canceled or renewal refused? *If yes, provide details*..... YES NO

23. a. Please provide the following information for your **general liability coverage (CGL)** currently in force and for the immediate past 3 years.

<u>Policy Period</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>

- b. Does it include coverage for products and completed operations hazards? YES NO

NOTICE

All Policies, if issued, include a deductible applying to the cost of defense, judgment and settlement or any combination thereof and, as stated in the Policy, the costs of legal defense are included within the limits of liability except as otherwise endorsed. The limits of liability shall be reduced, and may be completely exhausted, by costs, charges and expenses and, in such event, the insurers shall not be liable for costs, charges and expenses or for Damages to the extent that costs, charges and expenses or Damages exceed the limits of liability stated in the Declarations of the Policy.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The Applicant further warrants that if the information supplied on this Application changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify underwriters of such change prior to inception of the Policy. Signing of this Application does not bind the Insurer to an offer nor the Applicant to accept insurance. The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

This Application is for a "CLAIMS MADE AND REPORTED" BASIS POLICY which limits liability to claims first made and reported against the Applicant during the Policy Period. Coverage, if completed, will not apply to any known circumstance, act, error or omission that occurred before the inception of the Policy Period. The Applicant agrees that in the event of covered claims, the Applicant will be required to be defended by the Insurer's appointed Attorneys and that the deductible under the Policy shall apply to claims and including (whether or not indemnity payment is made) expenses, investigations costs, and legal fees. If however, the Applicant elects to handle a claim without in any way involving the Insurer's Attorneys, then no coverage for such a claim is afforded the Applicant under the Policy.

By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the Errors and Omissions Liability Insurance For Specified Professional Services wording. It is recommended that the Applicant take time to review the policy to ensure that they fully understand the Coverage provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

In addition to all other terms and conditions:

Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR WHO CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Date

Signed by Partner, Officer, or Director

Title



ERRORS & OMISSIONS INSURANCE CLAIM / INCIDENT SUPPLEMENT

Richter Robb Pacific Ins. Services
3990 West Yosemite Avenue
Lathrop, CA 95330
209-249-5100 Fax: 877-858-1955
CA # 0708939 NV # 632045

APPLICANT: _____

DATE OF CLAIM	DATE OF REPORT	AMOUNTS PAID	TOTAL PAID/RES.	OPEN/ CLOSED	CLAIM/ INCIDENT
_____	_____	_____	_____	_____	_____

Insurance Carrier: _____

Attorney involved: _____

Attorney designated by carrier?..... YES NO

Claimant: _____

Claimant's Demand: (\$ + other) _____
(please estimate if unknown)

Analysis:

Was there a contractual relationship? YES NO Was there an alleged breach of that contract? YES NO

If yes, please attach a copy of the signed and dated contract If no, was the contract fulfilled? YES NO

What is the current status of the claim? _____

Has there been a procedure implemented to avoid a similar claim? YES NO

If yes, describe procedure: _____

Please provide description of claim / complaint:

Please attach any documentation related to this claim: Demand letter, Lawsuit, Written complaint from customer, etc.

The unqualified word "Claim" wherever used in the Policy shall mean a demand received by the Insured for money or services, including the service of suit or institution of arbitration proceedings against the Insured.

Please provide details regarding any known Circumstance that could give rise to a claim:

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim and/or allegation may be brought against you if a current or former customer has expressed dissatisfaction with the professional services rendered, by:

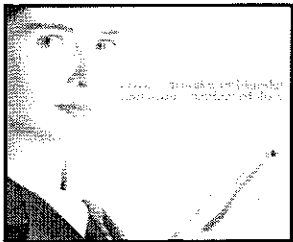
- i) Making frequent or formal complaints to an employee of the applicant regarding quality of goods or service;
- ii) Threatening to hire an attorney or submission of a demand letter;
- iii) Asking for a full refund; remedies other than those that are contractually provided..

The undersigned agrees that this Warranty Statement shall become part of the Application for Errors and Omissions Liability Insurance For Specified Professional Services. The submission of an application and agreement to this Warranty statement does not obligate either PLIS, Inc. (on behalf of Lloyd's of London) nor the APPLICANT EMPLOYER to bind coverage or issue a policy.

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Authorized Applicant's Signature _____

Date _____



**MISCELLANEOUS
PROFESSIONAL LIABILITY
SUPPLEMENTAL APPLICATION
REAL ESTATE ERRORS &
OMISSIONS
(Claims Made and Reported Basis)**

Richter Robb Pacific Ins. Services
3990 West Yosemite Avenue
Lathrop, CA 95330
209-249-5100 Fax: 877-858-1955
CA # 0708939 NV # 632045

Name of Applicant: _____

1. Staff (Indicate Numbers)	<u>Full Time</u>	<u>Part Time</u>	<u>Independent Contractors</u>	<u>Total</u>
Licensed Real Estate Agents/Brokers	_____	_____	_____	_____
Property Management Staff	_____	_____	_____	_____
Real Estate Appraisers	_____	_____	_____	_____
Mortgage Brokers	_____	_____	_____	_____
Real Estate Counselors/Consultants	_____	_____	_____	_____
Licensed Insurance Agents/Brokers	_____	_____	_____	_____
Realtor Assistants	_____	_____	_____	_____
Title Agents/Abstractors	_____	_____	_____	_____
Other Employees (including Clerical)	_____	_____	_____	_____

2. Gross commissions and fees earned from the following types of activities and the number of transactions making up these fees:

PAST FISCAL YEAR Ending: <u> </u> / <u> </u> / <u> </u>	<u>Gross Commissions</u>	<u>Number of Transactions</u>	<u>Next 12 Months (Estimated)</u>
A. Residential Estate Sales	\$ _____	_____	\$ _____
B. Commercial/Industrial Sales	\$ _____	_____	\$ _____
C. Farm and/or Ranch Sales	\$ _____	_____	\$ _____
D. Undeveloped Land Sales	\$ _____	_____	\$ _____
E. Real Estate Leasing Fees	\$ _____	_____	\$ _____
F. Real Estate Counseling/Consulting	\$ _____	_____	\$ _____
G. Insurance Commissions and/or Fees	\$ _____	_____	\$ _____
H. Mortgage Brokers	\$ _____	_____	\$ _____
I. Real Estate Appraisal	\$ _____	_____	\$ _____
J. Property Management Fees** **(separate supplement required)	\$ _____	_____	\$ _____
K. Title Work	\$ _____	_____	\$ _____
L. Other (Please Describe.) _____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total:	\$ _____	_____	\$ _____

Residential Real Estate means any property consisting of a single-family dwelling or multiple-family dwelling of up to 4 units. If any client represents more than 20% of the firm's annual incomes, please provide details on a separate sheet.

3. If Real Estate Appraisals are performed, please provide the breakdown of appraisals and fees for the past fiscal year:

PAST FISCAL YEAR Ending: <u> </u> / <u> </u> / <u> </u>	<u>Appraisal Fees</u>	<u>Number of Appraisals</u>	<u>Next 12 Months (Estimated)</u>
A. Single Family Dwellings:	\$ _____	_____	_____
B. Personal Property:	\$ _____	_____	_____
C. Commercial Property:	\$ _____	_____	_____
D. Industrial Property:	\$ _____	_____	_____
E. Apartments:	\$ _____	_____	_____
F. Farms and/or Ranches:	\$ _____	_____	_____
G. Undeveloped Land:	\$ _____	_____	_____
H. Other (Please Describe):	\$ _____	_____	_____

I. Are your fees always independent of the appraisal value? YES NO

4. Is or has the Applicant or any subsidiary, parent or other related organization engaged in:
- A. Property development or construction? YES NO
 - B. Mortgage banking; mortgage brokering and/or insurance? YES NO
 - C. The formation, management and/or organization of group investments syndications or speculative real estate (including limited partnerships, general partnerships, real estate investment trust or corporations)? YES NO
 - D. Any business enterprise or professional practice other than real estate sales, property management, appraisal or counseling? YES NO
 - E. Does the applicant and/or any principal, officer, director or staff member have an ownership interest in any properties other than their own principal residences? YES NO
 - F. Is the Applicant controlled by or owned by or associates with, or does the Applicant control or own any other firm or business? YES NO

If the answer is "YES" to any of the foregoing, please provide full details on a separate sheet.

5. A. What was the estimated average property value of the properties handled in the past 12 months? _____
 B. Provide the percentage of properties handled in the past 12 months valued over \$250,000 _____
 C. Provide the percentage of properties handled in the past 12 months valued over \$500,000 _____
6. Do you advise or arrange financing for your customers? YES NO
 If YES, describe such activities: _____

What percentage of transactions in the past 12 months include:

7. A. Home Warranty/Protection Plans..... _____ %
 Plan(s) offered: _____
 B. Property Inspections performed _____ %
 C. A signed seller's property disclosure statement _____ %
 D. The Buyer and Seller represented by the same agent or agency (dual agency) _____ %
 (dual agency transactions will not be covered under the SBE Miscellaneous E&O Policy)
8. A. Provide the number of staff that participated in a formal continuing real estate related education program designed to reduce broker liability during the past 12 months? _____
 B. Is an In house Policy Procedures Manual in place? YES NO
 C. List all states where the Applicant operates: _____
 D. List any Board of Realtors and Trace Associations the Applicant belongs to: _____

 E. Are you a participant in the multiple listing services? YES NO
 F. Are you a member of any National franchise, referral or relocation organization? YES NO
 If YES, please indicate name(s): _____
 G. Do you use standard contract forms approved by your local Board or State Association of Realtors? YES NO
 If NO, attach specimen copies of standard forms and indicate who developed these forms.
9. Has the Applicant or any past or present staff member for the Applicant had his license revoked, suspended or been Formally reprimanded or been subject to any disciplinary actions? YES NO
 If YES, describe such activities: _____

Please attached the following documents if applicable:

1. Professional Resume of Appraisers on staff
2. Standard Appraisal Form including hold harmless agreements used
3. Brochures and/or other promotional material describing your operations and services

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and it is utilized to develop pertinent information unique to the services rendered.

In addition to all other terms and conditions: Applicable in Kentucky. 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.

 Date Authorized Representative Title



**SUPPLEMENTAL
MISCELLANEOUS
PROFESSIONAL LIABILITY
APPLICATION
PROPERTY MANAGERS
(Claims First Made & Reported)**

Richter Robb Pacific Ins. Services
3990 West Yosemite Avenue
Lathrop, CA 95330
209-249-5100 Fax: 877-858-1955
CA # 0708939 NV # 632045

Name of Applicant: _____

1. Breakdown of properties managed for the past fiscal years:

	<u>Number of Units Or Square Feet</u>	<u>Gross Property Management Income</u>
A. 1-4 Family Residential	units	\$
B. Apartments	units	\$
C. Condominiums/Cooperatives	units	\$
D. Shopping Centers	sq. ft.	\$
E. Office buildings	sq. ft.	\$
F. Other Commercial	sq. ft.	\$
G. Other (Describe in detail on separate sheet)		\$
	Total:	\$

2. Do you prepare a budget for each property managed? YES NO
If NO, explain. _____

3. Is a credit report obtained for each prospective tenant? YES NO
If NO, explain. _____

4. Do your property management contracts permit you to authorize alterations/improvements/renovations to the managed premises, without first securing approval of the owner or other applicable representatives? YES NO

If YES, please indicate your maximum dollar authority for such improvements, and a brief description of such services you provide. _____

5. Do you assume responsibility for maintaining insurance coverage on properties managed? YES NO
If YES, please explain your handling procedures. _____

6. Are all properties insured for comprehensive general liability with limits of liability of at least \$1 million? YES NO
If NO, please explain. _____

7. Are Certificates of Insurance obtained on all properties managed whether or not you assume responsibility for maintaining insurance? YES NO
If NO, please explain. _____

8. Attach a copy of the contract for property management most commonly used by the Applicant.

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability Insurance, and is utilized to develop pertinent information unique to property managers.

In addition to all other terms and conditions:

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Date _____ Authorized Representative _____ Title _____