



Swett & Crawford

REAL ESTATE AGENTS AND BROKERS ERRORS AND OMISSIONS APPLICATION (CLAIMS MADE FORM)

1. Full Name of Applicant: _____

2. Principal Business Address: _____

Branch Office Addresses: _____

3. Year Firm established Specify if: Corporation _____ Partnership _____ Individual _____

4. Furnish the following information for all Partners, Owners or Officers:

Full Name	Date licensed as:		Years in Practice	Active	Inactive
	Broker	Agent			

5. Staff (all principals and staff should be included only once):

- (a) Principals (all persons listed in Question #4) _____
- (b) Employed Salesperson's or Brokers on salary or commission not including those listed in 5A. _____
- (c) Independent Contractors on salary or commission not including those listed in 5A or 5B. _____
- (d) Clerical _____
- (e) Other Staff not listed above (describe) _____

6. List all professional organizations or boards of which you are a member: _____

7. Gross income (all income, fees, and commissions before expenses) and real estate activities (last fiscal year)*

Residential Real Estate Sales Commissions _____

Commercial Real Estate Sales Commissions _____

Property Management Fees _____

Real Estate Appraisal Fees _____

Other (describe) _____

(*If new firm estimate coming year)

Total Gross Income _____





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8. Do you use a home protection or warranty program? Yes No

If yes, what percentage of units sold include this program? _____

9. Is Firm engaged in, owned by or controlled by any other business? Yes No

If yes, provide full details: _____

10. Does the Firm own, control or engage in any other business? Yes No

If yes, provide full details: _____

11. Describe any types of property development or construction activities in which your Firm is involved. If none, state none:

12. List real estate errors and omissions insurance carried for each of the past three years. If none, state none: _____

	Insurance Co.	Policy #	Premium	Limit	Deduct.
From To					
From To					
From To					

13. Have any persons proposed for this coverage ever been subject to disciplinary action by any real estate association, state licensing board or other regulatory body as a result of real estate agents and brokers, or Notary Public activities? Yes No

If yes, explain fully. _____

Answer questions # 14 through # 17 after inquiry of each member of the Firm shown in questions #5 and #6

14. Has any application or policy for similar errors and omissions insurance on behalf of the applicant, partners, owners or officers of the applicant or on behalf of predecessors in business ever been declined, cancelled or renewal refused? Yes No

If yes, explain fully _____

15. Have any claims been made during the past five years against the Applicant or those listed in questions #5 or #6? Yes No

If yes, attach Supplemental Claim Narrative Statement for each claim. _____

16. Is the applicant aware of any circumstances which may result in a claim being made against the Applicant or those listed in question #5 or #6? Yes No

If yes, attach supplemental claim narrative statement. _____

17. Do you have an insurance department? Yes No
This policy does not cover your insurance department operations Yes No.

18. Is your Firm involved in property management, rent collection or leasing? Yes No.
If yes, provide narrative explaining % of commercial and residential property managed and procedures used including previous experience of persons handling.





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19. Errors and omissions limit desired: 100,000. _____ 300,000. _____ 500,000. _____ 1,000,000. _____

Deductible options: 1,000. _____ 2,500. _____ 5,000. _____ Other: _____

Limit applies each claim and annual aggregate—deductible applies per claim.

20. (a) Premises liability coverage is available at the same limit as your errors and omissions limit. If desired, show square foot area of each premises location _____
- (b) Effective date desired _____

Warranty: I/We warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer.

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 conceals for the purpose of misleading, information concerning any fact material thereto, commits a Fraudulent Insurance Act, which is a crime.

Signature of Applicant _____

Title _____

Date _____

