

Application for REAL ESTATE AGENT PROFESSIONAL LIABILITY COVERAGE



Return Applications to: **Fox Point Programs, Inc.**
250 Philadelphia Pike, 2nd Fl,
Wilmington, DE 19809
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NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

RATES BELOW ARE FOR APPLICANTS POSSESSING THE FOLLOWING RISK CHARACTERISTICS:

- Generates less than \$200,000 in revenues annually.
- Does not transact any Real Estate business in California
- Utilizes 3 or fewer sales personnel or independent contractors
- No involvement in Farm or Ranch Sales
- No involvement in Real Estate consulting, appraisals, or Property Management
- No E&O claims over the past 3 years
- Less than 25% of total commission revenues derived from commercial property transactions
- Not Domiciled in NC or WA

THOSE APPLICANTS WITH CHARACTERISTICS FALLING OUTSIDE THE PARAMETERS LISTED ABOVE ARE REQUIRED TO COMPLETE THE FULL APPLICATION AND WILL BE INDIVIDUALLY UNDERWRITTEN AND RATED.

Select	Limit of Liability	Deductible	Premium	Taxes & Fees (Required)	Total Due (Premiums+Fee)
<input type="checkbox"/>	\$ 500,000 / \$ 500,000	\$ 2,500	\$ 750	+\$100	\$ 850
<input type="checkbox"/>	\$1,000,000 / \$1,000,000	\$ 2,500	\$1,000	+\$100	\$1,100

1. APPLICANT Name _____
 Business Address _____
 City _____ State _____ Zip _____
 Tel (_____) _____ Fax (_____) _____
 Email _____ Years in Business _____

Does Applicant utilize sales personnel/independent contractors? Yes No *If "Yes", how many?* _____

► **If more than 3 sales personnel/contractors utilized, please complete the Full Application.**

2. FINANCIAL AND BUSINESS INFORMATION a. Total commission income, last 12 months: \$ _____

b. Show services by approximate percentage:

Service Provided	%	Service Provided	%	Service Provided	%
Residential Real Estate Sales/Brokerage _____		Real Estate Consulting _____		Real Estate Appraisals _____	
Commercial Real Estate Sales/Brokerage _____		Property Management _____		Mortgage Brokering/Banking _____	
Ranch/Farm Real Estate Sales/Brokerage _____		Other (describe): _____			

3. PRIOR INSURANCE a. Do you currently have an Errors & Omissions Insurance policy? Yes No

If "Yes", specify carrier: _____ Retroactive Date: _____

b. Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? Yes No

c. Has any Professional Liability claim(s), complaint or proceeding been made against the Applicant or any person or organization proposed for this insurance or any predecessor organization? Yes No

If the answer to questions 3b or 3c above is "Yes", please explain on a separate sheet.

PAYMENT OPTION Check For Full Amount Due, Payable to: **Fox Point Programs, Inc.**

Applicant's
Authorized Signature _____ Date _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.