

Application

REAL ESTATE PI

FL- 135 REAL EST PI



IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THIS POLICY WILL BE WRITTEN ONLY FOR THE OCCUPATION SPECIFIED IN ITEM 2 OF THIS APPLICATION.

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT: _____

ADDRESS: _____

2. SPECIFY IF: ☐ REAL ESTATE AGENT ☐ REAL ESTATE BROKER ☐ APPRAISER
SPECIFY IF: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION
☐ OTHER: _____

3. LIMITS OF LIABILITY DESIRED:
☐ \$200,000/600,000 ☐ \$500,000/500,000 ☐ \$1,000,000/1,000,000 ☐ OTHER: _____

4. DEDUCTIBLE:
☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ OTHER: _____

5. YEAR ESTABLISHED: _____

6. DURING THE PAST FIVE YEARS HAS THE NAME OF THE APPLICANT BEEN CHANGED, OR HAS ANY OTHER BUSINESS BEEN PURCHASED, MERGED OR CONSOLIDATED WITH THE APPLICANT? YES ☐ NO ☐

7. IS THE APPLICANT FIRM CONTROLLED BY, OWNED BY OR ASSOCIATED WITH ANY OTHER FIRM, CORPORATION OR COMPANY? YES ☐ NO ☐

If YES, give particulars: _____

8. IS SIMILAR COVERAGE SIMILAR IN FORCE? YES ☐ NO ☐

9. PLEASE COMPLETE THE FOLLOWING REGARDING THE FIRM'S PROFESSIONAL LIABILITY INSURANCE FOR THE PAST THREE YEARS:

NAME OF INSURER	LIMITS OF LIABILITY	POLICY PERIOD	PREMIUM
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

10. A) FURNISH THE FOLLOWING INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS:

FULL NAME	DESIGNATION CODE	HOW LONG HAD REAL ESTATE OR APPRAISERS LICENSE?	(CHECK ONE)	
			ACTIVE	INACTIVE
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

DESIGNATION CODE: P-PARTNER, OF-OFFICER, O-OWNER

B) STAFF (ALL PRINCIPALS AND STAFF TO BE INCLUDED ONLY ONCE. TOTALS WILL ADD AUTOMATICALLY)

DESCRIPTION	ACTIVE		INACTIVE	TOTAL
	FULL TIME	PART TIME		
1) PRINCIPALS (INCLUDE ALL PERSONS LISTED IN QUESTION 10A)				0
2) EMPLOYED SALESMEN OR BROKERS ON SALARY OR COMMISSION				0
3) INDEPENDENT CONTRACTORS ON SALARY OR COMMISSION				0
4) PROPERTY MANAGERS NOT INCLUDING THOSE LISTED IN 10, B, 1, 2 OR 3				0
5) CLERICAL (DO NOT INCLUDE ANY LICENSED STAFF)				0
6) OTHER STAFF NOT LISTED ABOVE. DESCRIBE:				0
			TOTAL STAFF:	0

NOTE: INDEPENDENT CONTRACTORS ARE NOT COVERED UNDER THE BASIC POLICY, BUT CAN BE ADDED BY ENDORSEMENT ON A BASIS AS ADDITIONAL INSURED'S, FOR AN ADDITIONAL PREMIUM, TO COVER THEM ONLY FOR WORK DONE FOR APPLICANT'S FIRM. CHECK HERE

IF THE ENDORSEMENT IS BEING REQUESTED BY APPLICANT: _____
(COUNT THEM IN B.3 REGARDLESS OF WHETHER ENDORSEMENT IS BEING REQUESTED OR NOT.)

11. GROSS INCOME FROM REAL ESTATE OR APPRAISERS ACTIVITIES:
(GROSS INCOME INCLUDES ALL FEES AND COMMISSIONS BEFORE EXPENSES.)

DESCRIPTION	GROSS INCOME FROM LAST YR.	ANTICIPATED GROSS INCOME FOR CURRENT YEAR	# OF UNITS SOLD, MANAGED OR APPRAISED
A) RESIDENTIAL REAL ESTATE COMMISSION	_____	_____	_____
B) COMMERCIAL REAL ESTATE COMMISSION	_____	_____	_____
C) PROPERTY MANAGEMENT FEES	_____	_____	_____
D) REAL ESTATE APPRAISAL FEES	_____	_____	_____
E) REAL ESTATE LEASING FEES (PROPERTY NOT MANAGED BY APPLICANT)	_____	_____	_____
F) OTHER (DESCRIBE):	_____	_____	_____
TOTAL GROSS INCOME:	_____	_____	_____

12. A) PROVIDE A LISTING OF ALL PROPERTIES MANAGED, THE VALUE OF EACH PROPERTY, OWNERSHIP AND THE AMOUNT OF FINANCIAL CONTROL OR OWNERSHIP INTEREST IN EACH IF ANY. THE BASIC POLICY DOES NOT COVER PROPERTY MANAGEMENT. HOWEVER, COVERAGE FOR THIS CAN BE ADDED BY ENDORSEMENT, FOR AN ADDITIONAL PREMIUM. CHECK HERE IF YOU WANT THIS ADDITIONAL COVERAGE: []

B) IS A BUDGET PREPARED FOR EACH PIECE OF PROPERTY MANAGED? YES [] NO []

If not, please explain: _____

C) IS A CREDIT REPORT OBTAINED ON ALL PROSPECTIVE TENANTS? YES [] NO []

If not, please explain: _____

13. THE POLICY EXCLUDES COVERAGE FOR CLAIMS INVOLVING TRANSACTIONS IN WHICH ANY INSURED HAS ANY DIRECT OR INDIRECT BENEFICIAL OWNERSHIP INTEREST AS A BUYER OR SELLER OF REAL PROPERTY. HOWEVER, COVERAGE CAN BE EXTENDED BY ENDORSEMENT, FOR AN ADDITIONAL PREMIUM, TO ALLOW NOT MORE THAN 10% OWNERSHIP BY AN INSURED(S). CHECK HERE IF THE ENDORSEMENT IS DESIRED: []

14. IS THE APPLICANT INVOLVED IN ANY SYNDICATION, GENERAL PARTNERSHIP OR SIMILAR REAL ESTATE INVESTMENT TRUST ACTIVITIES?
YES [] NO [] NOTE: THE POLICY DOES NOT COVER THIS. If YES, give particulars:

15. IS THE APPLICANT INVOLVED IN ANY PROPERTY DEVELOPMENT OR CONSTRUCTION ACTIVITIES? YES [] NO []

NOTE: THE POLICY DOES NOT COVER THIS. If YES, give particulars:

16. HAS ANY POLICY OF OR APPLICATION FOR SIMILAR INSURANCE ON THE FIRM'S BEHALF OR ANY OF ITS PARTNERS, EXECUTIVE OFFICERS, DIRECTORS, BROKERS OR SALESMEN (WHETHER EMPLOYEES OR INDEPENDENT CONTRACTORS), EMPLOYEES OF OR ON BEHALF OF ANY PREDECESSORS IN BUSINESS EVER BEEN DECLINED, CANCELLED, OR RENEWAL REFUSED? YES [] NO [] If YES, give particulars:

17. HAS ANY PROPOSED INSURED EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION BY AUTHORITIES AS A RESULT OF HIS PROFESSIONAL ACTIVITIES? YES [] NO [] If YES, give particulars:

18. HAVE ANY PROFESSIONAL LIABILITY (E&O) CLAIMS BEEN MADE DURING THE PAST FIVE YEARS AGAINST THE FIRM OR ANY OF ITS PAST OR PRESENT PARTNERS, EXECUTIVE OFFICERS, DIRECTORS, BROKERS OR SALESMEN (WHETHER EMPLOYEES OR INDEPENDENT CONTRACTORS), EMPLOYEES, OR ANY PREDECESSORS IN BUSINESS? YES [] NO [] If YES, give particulars:

19. DOES ANY PROSPECTIVE INSURED HAVE KNOWLEDGE OR INFORMATION OF ANY CIRCUMSTANCES OR ANY ALLEGATIONS OR CONTENTIONS OF ANY INCIDENT WHICH MAY RESULT IN ANY CLAIM BEING MADE AGAINST THE FIRM OR ANY OF ITS PAST OR PRESENT PARTNERS, EXECUTIVE OFFICERS, DIRECTORS, BROKERS OR SALESMEN (WHETHER EMPLOYEES OR INDEPENDENT CONTRACTORS), EMPLOYEES, OR ANY PREDECESSORS IN BUSINESS? YES [] NO [] If YES, give particulars:

ADDITIONAL UNDERWRITING DOCUMENTS REQUIRED:

1. MOST CURRENT AUDITED FINANCIAL STATEMENTS
2. RESUME OF INDIVIDUALS, PARTNERS AND/OR ORGANIZATION
3. COPY OF CURRENT LICENSE AND CERTIFICATION

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

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.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

APPLICANT'S AUTHORIZED SIGNATURE: _____

NAME (in typing): _____

TITLE: _____ DATE SIGNED: _____

PRODUCER: _____ ADDRESS: _____

THE INSURED HEREBY ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.

THE INSURED HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

INSURED: _____ BY: _____
(Applicant)

TITLE: _____
(must be signed by Chairman of the Board or President)