



Name of Insurance Company to which Application is made

REAL ESTATE ERRORS AND OMISSION LIABILITY APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately. **If additional space is required, please provide complete details on Applicant's letterhead.**

GENERAL INFORMATION

1. Full Legal Name of Applicant (include all firm names, franchise affiliations, trading names and DBA's under which the applicant operates): _____

Principal Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Website Address: _____ Email Address: _____ Contact Name: _____

2. Does the Applicant have any other office locations? Yes No
If "Yes", please provide complete address(es) on a separate sheet.

3. Date Applicant established: _____
(MM/DD/YYYY)

4. Applicant is a: Sole Proprietor Partnership Corporation LLC LLP
 Independent Contractor Other: _____

5. Is the Applicant a franchisee? Yes No
If "Yes", please provide name of franchisor and attach a copy of the franchise agreement.

6. List all states in which the Applicant operates: _____

7. During the past five (5) years, has the name or ownership of the Applicant changed or has there been an acquisition, merger, consolidation or any other change? Yes No
If "Yes", please provide complete details on a separate sheet.

8. Is the Applicant owned by, controlled by or affiliated with any other entity or does the Applicant own or control any other firm or business? Yes No
If "Yes", please provide complete details on a separate sheet, including full legal names of entities involved.

9. Complete the following for **each** principal, partner, director or officer (attach additional sheet if necessary):

Name and Title	Current Status	Year First Licensed as Real Estate	Professional Designations	Years with Applicant
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		

10. Indicate the number of **staff** associated with the Applicant:

Staff: Include individuals only once	Full-Time	Part-Time	Inactive	Total
Principals, Partners, Directors, Officers				
Real Estate Agents/Brokers/Independent Contractors				
Property Management Staff				
Real Estate Appraisers				
Other Professional Staff				
Non-Professional Staff				

11. During the past twelve (12) months, indicate the percentage of real estate professionals who have participated in formal continuing education courses designed to reduce real estate professional liability? %
12. Does the Applicant:
- a. Have written risk management procedures in place? Yes No
 - b. Have written operating guidelines to ensure compliance with Federal, State and Local statutes? Yes No
 - c. Have a formalized training program for all professionals and staff? Yes No
 - d. Use in-house legal counsel, legal counsel on retainer or risk manager on retainer? Yes No
 - e. Use standardized forms and contracts approved by local board or state associations? Yes No
If "No", please provide a copy of the form(s) used.

REAL ESTATE ACTIVITIES

13. Does the Applicant or any of the Applicant's professional staff provide professional real estate services for any property in which the Applicant or any of the Applicant's professional staff has an interest? Yes No
If "Yes", indicate the gross income (commission or fee) derived from these activities: \$ _____
14. Is the Applicant, any subsidiary, parent, other related organization or any of the Applicant's professional staff engaged in any of the following:
- a. Real estate development or construction? Yes No
 - b. Mortgage banking, mortgage company or loan servicing? Yes No
 - c. Formation, management or organization of group investments or syndications (including any limited partnership, general partnership, real estate investment trust (REIT) or corporation)? Yes No
 - d. Any business enterprise or professional practice **other than** the services disclosed in question 15?..... Yes No
- If "Yes", to any part of question 14 above, please provide complete details on a separate sheet, including the full legal names of entities involved, a description of services performed and annual income from the activity.*

NOTE: REFER TO POLICY EXCLUSIONS REGARDING ACTIVITIES DESCRIBED IN QUESTIONS 13 & 14 ABOVE.

15. Indicate total **gross income** from real estate activities. Include all income, fees and commissions before the split with brokers or salespeople or deductions or expenses. **Do not include any income reported in question 13 or 14.**

Real Estate Services	Past Fiscal Year Ending:		Current Fiscal Year Ending:		Projected Next 12-Months
	Income	# Transactions	Income	# Transactions	
Residential Real Estate Sales	\$		\$		\$
Residential Land and Lot Sales	\$		\$		\$
Farm/Ranch Sales	\$		\$		\$
Commercial, Industrial Real Estate Sales*	\$		\$		\$
Commercial Land and Lot Sales	\$		\$		\$
Real Estate Leasing*	\$		\$		\$
Property Management*	\$		\$		\$
Real Estate Appraisal*	\$		\$		\$
Real Estate Consulting/Counseling*	\$		\$		\$
Real Estate Auctioneering	\$		\$		\$
Mortgage Brokerage*	\$		\$		\$
Business Opportunities Brokerage	\$		\$		\$
Escrow*	\$		\$		\$
Other:	\$		\$		\$

***Applicant must complete the attached Real Estate Class of Business Supplement.**

16. During the past twelve (12) months, indicate the average value of the properties sold by the Applicant: \$ _____
17. During the past twelve (12) months, identify the Applicant's three (3) largest clients:

Name of Client	Description of Services Provided	% of Applicant's Income

18. During the past twelve (12) months, indicate what percentage of residential sales transactions:
- a. Included a home warranty program. _____%
- b. Included a professional home inspection. _____%
19. During the past twelve (12) months, indicate the percentage of transactions whereby the Applicant acted as a dual agent (representing both buyer and seller)? _____%
20. Does the Applicant use property/seller disclosure forms in conjunction with the sale of all property? Yes No

INSURANCE COVERAGE HISTORY

21. List the professional liability insurance coverage carried by the Applicant and any predecessor firm(s) during the past five (5) years, including any periods without coverage. **If no past coverage, indicate NONE.**

Effective (mm/dd/yyyy)	Expiration (mm/dd/yyyy)	Insurance Company	Limits of Liability (per claim/aggregate)	Deductible/Retention	Annual Premium

22. Does the Applicant's current policy contain a prior acts limitation or retroactive date? Yes No
If "Yes", please provide date: _____ **and attach a copy of the endorsement.**
 (mm/dd/yyyy)
23. Does the Applicant's current policy have any endorsements or exclusions or coverage limitations tailored specifically to the Applicant? Yes No
If "Yes", please provide description on a separate sheet and attach a copy of the endorsement(s).
24. During the past five (5) years, has the Applicant, any predecessor firm or any of the Applicant's current or former professional staff ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? Yes No
If "Yes", please provide complete details on a separate sheet.
25. Has the Applicant ever purchased an extended reporting period endorsement? Yes No
If "Yes", please provide complete details on a separate sheet.

CLAIM/INCIDENT INFORMATION

26. During the past five (5) years, has any professional liability claim or suit ever been made against the Applicant, any predecessor firm or any of the Applicant's current or former professional staff?..... Yes No
If "Yes", please indicate how many _____ and complete a separate Supplemental Claim Form for each claim.
27. Does any of the Applicant's professional staff know of any incident, negligent act, error or omission or other circumstance that could result in a claim or suit against the Applicant or any predecessor firm or any of the Applicant's current or former professional staff? Yes No
If "Yes", please indicate how many _____ and complete a separate Supplemental Claim Form for each claim.
28. Has any of the Applicant's or a predecessor firm's professional staff ever had their license revoked or suspended or been formerly reprimanded or been the subject of a disciplinary action? Yes No
If "Yes", please provide complete details on a separate sheet.

COVERAGE SELECTION

29. Limits of Liability requested (each claim/annual aggregate):
- \$100,000/\$100,000 \$500,000/\$500,000 \$2,000,000/\$2,000,000
- \$250,000/\$250,000 \$1,000,000/\$1,000,000 \$Other: _____
30. Deductible Amount requested (each claim):
- \$2,500 \$5,000 \$10,000 \$20,000 \$25,000 Other: \$ _____
31. Optional Coverages:
- \$250,000 Discrimination Coverage, Defense Only
- \$250,000 Discrimination Coverage, Defense and Indemnity
- Environmental Coverage, Defense and Indemnity

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: 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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: 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.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: 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.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____

Title: _____

Print Name: _____

Date: _____

Additional Information

Additional location addresses:

Question 7 details:

Question 8 details:

Question 14 details:

Additional Information

Question 23 details:

Question 24 details:

Question 25 details:

Question 28 details:



REAL ESTATE CLASS OF BUSINESS SUPPLEMENT

INSTRUCTIONS: This form is to be completed by an Applicant providing real estate services in any of the corresponding areas and as instructed in question 15 of the Application.

Name of Applicant: _____

A RESUME MUST BE PROVIDED FOR ALL PRINCIPALS AND KEY PERSONNEL PERFORMING ANY OF THE FOLLOWING SERVICES.

COMMERCIAL/INDUSTRIAL SALES/LEASING

1. Indicate the breakdown of gross income from commercial/industrial sales/leasing activities for the past twelve (12) months:

Property Type	Number of Sales/Leases	Gross Income Sales/Leases
Offices		\$
Shopping Centers		\$
Apartments/Condominiums		\$
Industrial/Manufacturing		\$
Warehouses		\$
Land		\$
Other		\$

PROPERTY MANAGEMENT

1. Indicate the breakdown of gross income from property management activities for the past twelve (12) months.

Property Type	Number of Units/Square Feet	Gross Income Property Management
1-4 Family Residential	Units	\$
Apartments	Units	\$
Condominiums/Cooperatives	Units	\$
Shopping Centers	Sq. ft.	\$
Office Buildings	Sq. ft.	\$
Commercial	Sq. ft.	\$
Other	Sq. ft.	\$

2. Does the Applicant use a written contract on all properties managed? Yes No
If "Yes", please attach a sample copy of the property management contract most commonly used.
If "No", please provide explanation on a separate sheet.

3. Does the Applicant require liability insurance to be in place for all properties managed? Yes No
 If Yes, a. Indicate how the Applicant verifies liability insurance is in place:
 The Applicant is responsible for maintaining coverage.
 The Applicant requires certificates of insurance from the property owners.
 b. Are the limits of liability maintained at least \$100,000 for each event for each property? Yes No

4. Does the Applicant have a scheduled inspection procedure for each property managed? Yes No

5. Does the Applicant provide any physical maintenance services for properties managed? Yes No
If "Yes", indicate the percentage of services provided by the Applicant: _____%

Describe how capital improvements and repairs are handled:

7. Does the Applicant obtain a credit report for each prospective client? Yes No
If "No", please explain the Applicant's procedures for verifying a prospective client's credit history.

8. Does the Applicant have written procedures in place to ensure full compliance with fair-housing laws? Yes No

9. Does the Applicant provide fair-housing training and education to all staff? Yes No

REAL ESTATE APPRAISAL

1. Indicate the breakdown of gross income from real estate appraisal activities for the past twelve (12) months.

Property Type	Number of Appraisals	Appraisal Fees
1-4 Family Residential		\$
Apartments		\$
Commercial/Industrial		\$
Land		\$
Other		\$

2. Provide a breakdown of appraisals clients.

Type of Client	%	Type of Client	%
Seller		Estate and/or Tax Purposes	
Prospective Buyer		Developer	
Personal Property		Investor/Syndicator	
Lenders/Financial Institutions		Other	

- 3. Are all appraisals performed by certified Appraisers? Yes No
- 4. Does the Applicant use a written agreement that outlines the duties of the appraiser and the fees charged for services performed? Yes No
- 5. Does the Applicant ever charge fees based on a percentage of the value or outcome of an appraisal? Yes No
If "Yes", please indicate percentage of gross income: _____%

REAL ESTATE CONSULTING/COUNSELING

1. Provide a description of the type and scope of real estate consulting/counseling services provided:

MORTGAGE BROKERAGE

- 1. Indicate the breakdown of gross income from mortgage brokerage activities for the past twelve (12) months.
 - a. Loan Origination _____%
 - b. Loan Servicing _____%
 - c. Loan Underwriting _____%
 - d. Other (please describe) _____%
- 2. Provide a breakdown from the following types of loans/mortgages:
 - a. Residential _____%
 - b. Commercial/Industrial _____%
 - c. Other (please describe) _____%
- 3. Does the Applicant have quality control procedures in place to ensure the review of loans originated? Yes No

ESCROW SERVICES

- 1. Indicate the percentage of gross income for escrow service activities for the past twelve (12) months.
 - a. Residential Loans _____%
 - b. Commercial/Industrial Loans _____%
 - c. Other (please describe) _____%
- 2. Does the Applicant:
 - a. Require a written contract or instructions for each closing? Yes No
 - b. Use a standardized set of instructions? Yes No
 - c. Require signatures from all parties on all modifications of contracts/instructions? Yes No
 - d. Internally audit escrow files prior to each closing? Yes No
 - e. Have a regular independent audit conducted by a CPA? Yes No

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

SIGNATURE OF OWNER, PARTNER OR OFFICER	TITLE	DATE
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Additional Information

Property Management Question 2 Details:

Property Management Question 7 Details:



SUPPLEMENTAL CLAIM FORM

INSTRUCTIONS: This form is to be completed by an Applicant who has been involved in any claim or suit during the past five (5) years or who is aware of any incident which may give rise to a claim. Complete one form for each claim. Make additional copies as necessary.

1. Name of Applicant: _____
2. Name of individual(s) and/or firm involved in the claim/incident: _____
3. Full name of the claimant: _____
4. List any additional defendants: _____
5. Indicate whether: Claim/Suit Incident/Report Only (*No reserve established, no expenses to date*)
6. a. Date of alleged act, error or omission: _____
 b. Date claim/incident was made against you: _____
 c. Date claim/incident reported to insurer: _____
7. Name of Insurance Carrier responding to claim or incident: _____
 Limit of Liability: \$ _____ Deductible: \$ _____
8. Present status of claim/incident:

<input type="checkbox"/> OPEN Claimant's settlement demand: \$ _____ Defendant's offer for settlement: \$ _____ Insurer's indemnity reserve: \$ _____ Insurer's expense reserve: \$ _____ Expenses paid to date: \$ _____ In Suit? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CLOSED Total loss paid including deductible: \$ _____ Total indemnity paid: \$ _____ Total expense paid: \$ _____ <input type="checkbox"/> Court judgment <input type="checkbox"/> Out-of-court settlement <input type="checkbox"/> Dismissed
---	--
9. Description of claim or incident:
 - a. Alleged act, error or omission upon which Claimant bases claim:

 - b. Description of activities that gave rise to the claim or incident:

 - c. Description of the type and extent of injury or damage allegedly sustained:
10. Describe what steps have been implemented to prevent the occurrence of a similar claim/incident:

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

SIGNATURE OF OWNER, PARTNER OR OFFICER	TITLE	DATE
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FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: 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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: 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.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: 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.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.