



REAL ESTATE ERRORS AND OMISSIONS RENEWAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name and Address of Insured: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If Insured answers "Yes" to any of Questions 2-7, please provide details on a separate sheet.

- 2. Is the Applicant or any affiliated firm involved in construction or development? [ ] Yes [ ] No
3. Does the average value of units sold exceed \$600,000? [ ] Yes [ ] No
4. Is more than 10% of income from 1 location/development? [ ] Yes [ ] No
5. Has there been any change in agency control, ownership, affiliation, acquisition or merger? [ ] Yes [ ] No
6. Is more than 10% of income derived from the sale of owned property? [ ] Yes [ ] No
7. Since last renewal, has any insured had their license revoked, suspended, been fined, disciplined or investigated in any way by any Real Estate Association, State Licensing Board or other regulatory body? [ ] Yes [ ] No
8. Total number for each category (list each person only once, identifying area of primary responsibility):

Table with 3 columns: Full Time, Part Time, and Category. Rows include Real Estate Agents/Brokers/Independent Contractors, Property Managers, Appraisers, Other (please describe: \_\_\_\_\_), and TOTAL.

9. Applicant's Gross Revenue for the last 12 months:

Table with 2 columns: Description and Gross Income Last 12 Months. Rows include Residential Sales (Including Owned Farms)\*, Commercial Sales (Including Residential Properties over 4 units), Residential Property Management \*, Commercial Property Management, Residential Real Estate Appraisal Fees\*, Commercial Real Estate Appraisal Fees, Other, and TOTAL.

\*Residential means any property containing a single-family dwelling or multiple family dwellings up to 4 units. Any properties with more than 4 units are considered commercial.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements, and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Must be signed by a Principal, Partner or Officer of the Firm

Date: