

Real Estate Professionals Errors & Omissions Insurance

Thank you for your interest in the Real Estate Professionals Errors & Omissions Insurance program.

For consideration of a quote, please return the completed application to our office using any of the methods listed below. If you are currently insured, please include a copy of your current policy declarations page with your completed application.

E-mail: realproeando@marshpm.com

Fax: 515-365-3043

Address: Marsh U.S. Consumer
PO Box 8146
Des Moines, IA 50306-8146

We appreciate the opportunity to assist you with this important coverage and look forward to building our relationship. If you have any questions regarding the application or the application process, please feel free to contact our office at 1-866-795-9613.



Marsh U.S. Consumer,
a service of Seabury & Smith, Inc.
P.O. Box 8146
Des Moines, IA 50306-8146

Phone: 866-795-9613
Fax: 515-365-3043



APPLICATION
Real Estate Agents and Brokers Errors & Omissions Insurance
Easy Application
(All States except California)



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To be eligible for this program you must be able to answer "true" to statements 1-7 in the Program Eligibility Section below. Please note that mortgage brokering coverage is not offered with the Express Application. Please contact your agent if you are not eligible for this program or if you need mortgage brokering coverage.

1. Name of Applicant _____
 (Company name if applicable)

Primary Contact Person: _____ Managing Broker: _____

Address _____

City _____ ST _____ ZIP _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____ *In lieu of mailing my policy, you may email my policy to this address. I agree to receive an electronic copy of my application with my policy.*

2. Total # of professionals earning \$20,000/yr or more _____ Total # of professionals earning less than \$20,000/yr _____
 Annual # of Transaction Sides _____ (on closed real estate transactions)

3. Status of Applicant: Independent Contractor Sole Proprietor Partnership/LLP Corporation/LLC

4. Desired Effective Date ____ / ____ / ____ Prior Acts Date/Retroactive Date (on current policy) ____ / ____ / ____

If you have a policy in force, you will need prior acts coverage. Please attach a copy of your current Declarations page showing the prior acts date.

PROGRAM ELIGIBILITY

The response to statements 1- 7 below must all be "TRUE" to be eligible for this program and the premiums indicated.

1. No owner, agent or member of the applicant has been subject to a criminal conviction, been subject to any investigation, license revocation or suspension or other disciplinary action by any licensing board, real estate association or other regulatory body within the last 5 years nor has anyone agreed to surrender a license.	<input type="checkbox"/> True <input type="checkbox"/> False
2. No owner, agent or member of the applicant has been cancelled, refused insurance, been subject to nonrenewal or declination by another insurance company during the last 5 years (except due to loss of market or nonpayment of premium). Notice to Missouri Residents: This question does not apply.	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the applicant is involved in appraisal services, property management, property development, property rehabilitation or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
4. No owner, agent or member of the applicant has any exclusive listing agreements with any builder or developer.	<input type="checkbox"/> True <input type="checkbox"/> False
5. No owner, agent or member of the applicant has provided services related to preforeclosed or bank owned properties that included involvement in any eviction procedures, delivering or negotiating cash for keys offers or property rehabilitation.	<input type="checkbox"/> True <input type="checkbox"/> False
6. The applicant's total gross revenues for the last three (3) year period combined did not exceed \$300,000. (Gross revenues are defined as all fees and commissions received before payment of expenses and before the payment of any fee or commission splits with employees or independent contractors)	<input type="checkbox"/> True <input type="checkbox"/> False
7. No owner, agent or member of the applicant is aware of any errors and omissions claim(s) made against them within the past five (5) years nor are they aware of any circumstance, situation, act, error, omission or Personal Injury which could reasonably be expected to be the basis of a claim being made against them or the applicant.	<input type="checkbox"/> True <input type="checkbox"/> False



**Real Estate Agents and Brokers Errors & Omissions Insurance
Express Application - All states except California**

SELECT YOUR DESIRED DEDUCTIBLE, LIMIT AND PREMIUM OPTION AND REMIT PAYMENT WITH YOUR APPLICATION.

Claim Expenses are Outside the Limits of Liability (*separate amount equal to the Limits of Liability purchased*)

Deductible	\$100,000/\$300,000	\$250,000/\$250,000	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$1,000	\$496	\$527	\$585	\$616	\$660
\$2,500	\$451	\$479	\$532	\$560	\$600
\$5,000	\$429	\$455	\$505	\$532	\$570

The deductible is subject to Loss and Expense

Florida, Kentucky, New Jersey and West Virginia residents must add the applicable state tax or surcharge (see below).

Florida Residents: Companies writing property and casualty insurance business in the State of Florida are required to collect a Florida Hurricane Catastrophe surcharge of 1.3%. Multiply the premium you selected above by 1.013 and round to the nearest dollar. This is the total premium and surcharge due.

Kentucky Residents: The premiums above do not include the State, City or County Taxes assessed in Kentucky. Contact your agent to obtain the amount of the tax prior to submitting this application.

New Jersey Residents: New Jersey Insurance Guaranty Association Fund-Companies writing property and casualty insurance business in NJ are required to participate in the New Jersey Insurance Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. The current assessment is 0.9% and will be displayed on your premium notice. Multiply the premium you selected above by 1.009 and round to the nearest dollar.

West Virginia Residents: The State of West Virginia assesses a tax of 0.55% on insurance. Multiply premium you selected by 1.0055 and round to the nearest dollar. This is the total premium and tax due.

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

Fraud Warnings

Notice to Applicants of all states except Colorado, D.C., Maine, and Pennsylvania: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Notice to District of Columbia Applicants: WARNING: 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.

Notice to 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 denial of insurance benefits.

Notice to Pennsylvania Applicants: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

COMPLETION OF THE APPLICATION OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Application for Real Estate Agents & Brokers Errors and Omissions Insurance.

Signature _____ Date ____/____/____
Must be signed by an owner or officer of the applicant.

For Florida and Iowa Agents Only:

Insurance Agent or Producer's Name: _____ License Number: _____

For New Hampshire Agents Only:

Insurance Agent or Producer's Name: _____ Insurance Agent or Producer's Signature: _____

Real Estate Professionals Errors & Omissions Insurance Payment Method

Please select your preferred payment method and return this form with the completed application.

Applicant Name: _____

Option 1: Pay by Check

Make your check payable to Marsh U.S. Consumer for the total amount due (premium and any applicable state taxes and fees). Mail your payment and application to:

Marsh U.S. Consumer
PO Box 8146
Des Moines, IA 50306-8146

Option 2: Pay by Credit Card

I authorize Marsh U.S. Consumer (a service of Seabury & Smith) to charge the total amount due (premium and any applicable state taxes and fees) to my credit card. I understand that my card will be charged at the issuance of this policy.

Premium Amount Due: _____

MasterCard Visa

Credit Card Number: _____ Exp. Date: _____

Print Name Exactly as it Appears on Card: _____

X _____
Signature

X _____
Date



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Marsh U.S. Consumer Insurance Compensation & Disclosure

In this transaction, Marsh U.S. Consumer, a service of Seabury & Smith, Inc. is acting as the exclusive insurance agent and program manager for General Star National Insurance Company & General Star Indemnity Company for this type of coverage, and not as your insurance broker. As the agent for Insurer, Marsh will perform all of the functions necessary to underwrite, quote, and upon your acceptance, issue this insurance coverage for you or your entity.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to <http://www.personal-plans.com/disclosure> and enter in the security code o4915412 or call us at 1-888-206-5088 for specific details.