



Real Estate Services Professional Liability Coverage
Small Firm Application

Travelers Casualty and Surety Company of America

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU CAREFULLY READ ALL OF THE PROVISIONS OF ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION.

DEFENSE EXPENSES MAY BE INCLUDED WITHIN THE LIMITS OF COVERAGE AND DEDUCTIBLE, AND SUCH LIMITS MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. THE COMPANY WILL NOT BE LIABLE FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMITS OF COVERAGE.

IMPORTANT NOTE - NEW YORK: DEFENSE EXPENSES MAY REDUCE UP TO 50% OF THE LIMITS OF COVERAGE, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. If any of the questions on page 2 are answered "Yes" additional information and/or applications will be required from the applicant.

This application is for firms with gross commissions and fees of \$500,000 or less.
Application not available in CA, HI, and LA.

GENERAL INFORMATION

Legal Name of the Firm: Today's Date:

"Trade" or "Doing Business As" Name(s):

Mailing Address: Physical Address (if different):

Owner Name: Broker Name: Year first licensed as: broker agent

Telephone Number: Email Address: Web Address:

Proposed Effective Date: Date Business Started: List all states where professional services are provided:

Type of Legal Entity: Individual Sole Proprietorship General Partnership Limited Partnership Corporation Limited Liability Company Other (please specify):

For the following questions if the answer is "Yes" provide details in the "Additional Information" section at the end of this application:

- Is coverage desired for any parent, subsidiary, predecessor firm, legal entity or person besides the person or legal entity listed above under "Legal Name of the Firm"?
Has there been any change in the firm's ownership during the last 12 months?
Does the firm, or any member of the firm including any independent contractor, own, manage or control any other entity, including any subsidiary?

Requested Coverage Limits: \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
Requested Deductible: \$1000 \$2500 \$5000

Does the firm currently have an errors and omissions policy in force?
If "Yes", provide a copy of the current Declarations page and complete the following chart:

Table with 6 columns: Current Carrier, Policy Period, Limit of Liability, Deductible, Premium, Retroactive Date

APPLICANT INFORMATION

This application is for firms with gross commissions and fees of \$500,000 or less. If any of the following questions are answered "Yes" additional information and/or applications will be required from the applicant.

1. Does the firm provide professional services for any of the following: construction/development, construction management, community association management, mortgage brokering, business brokering, property flipping, REITs, time shares or real estate consulting services? Yes No
2. Is 25% or more of the firm's revenue derived from:
 - a) a single development, subdivision or client? Yes No
 - b) properties owned (directly or indirectly) by anyone in the firm? Yes No
 - c) land transactions? Yes No
 - d) foreclosed, REO, or short sale property transactions? Yes No
3. Is 50% or more of the firm's revenue derived from:
 - a) activities other than real estate agent or broker professional services? Yes No
 - b) dual agency transactions? Yes No
4. How many people are providing professional services on behalf of the firm? _____
5. Complete the following chart for the last 12 months (or provide projections if firm is a start-up):

Service		Number of Transactions	Gross Commissions and Fees	Average Property Value
Residential:	Sales			
	Sales of Land and Lots			
	Leasing			
	Property Management*			
	Appraising*			
Commercial:	Sales			
	Sales of Land and Lots			
	Leasing			
	Property Management*			
	Appraising*			
Other (provide details): _____				
Totals:				

* These services may require the completion of an additional supplemental application: "Other Real Estate Professional Services Additional Information Request".

CLAIM HISTORY

Complete questions 6 - 8 for New Business ONLY.

6. Has any claim involving professional services been made against you, your firm, or any member of your firm during the past five years or earlier if still pending? Yes No
7. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error or omissions involving professional services that could reasonably be expected to be the basis of a claim? Yes No
8. Has any member of the firm, including any independent contractor, ever had their professional license revoked, suspended, been formally reprimanded, or been the subject of a disciplinary action? Yes No

PICK-A-PREMIUM PLAN

Not available in CA, HI, and LA.

If the total Gross Commissions and Fees in question 5 are \$100,000 or less, and questions 1–8 have been answered “No” the applicant may qualify to receive an insurance quotation with one or more of the following options:

Annual Premium* (select the option that you would like to have quoted)	<input type="checkbox"/> \$450 Annual Premium*	<input type="checkbox"/> \$500 Annual Premium*	<input type="checkbox"/> \$575 Annual Premium*
Limits of Liability	\$250,000/\$250,000	\$500,000/\$500,000	\$1,000,000/\$1,000,000
Deductible	\$0	\$0	\$0
Policy Term	2 years	2 years	2 years

*Does not include taxes or surcharges that certain states require in addition to the policy premium. Refer to the insurance quotation for any additional state-specific charges.

The above listed limits, deductibles and premiums may be modified, replaced, or withdrawn at the discretion of Travelers.

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

I declare that I have examined this application and accompanying supplements and materials, and to the best of my knowledge and belief, after reasonable inquiry, they are true, correct, and complete, and may be relied upon by Travelers. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify Travelers of such changes and that Travelers may modify or withdraw any proposal for insurance. Travelers is authorized to make inquiry in connection with this application.

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name - Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference section name and question number.