



Real Estate Services Professional Liability Coverage
Pick-A-Premium Application

Travelers Casualty and Surety Company of America

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense expenses. The Insurer will not be liable for the amount of any judgment, settlement, or defense expenses incurred after exhaustion of the limit of liability.

IMPORTANT INSTRUCTIONS

Answer each question on behalf of all entities seeking insurance coverage that have:

- 1. gross commissions and fees of \$100,000 or less for the most recent 12 months; and
2. revenue derived only from residential or commercial (a) real estate sales or leasing; (b) property management; or (c) real property appraisals performed by a licensed or certified appraiser.

If the firm has gross annual revenue greater than \$100,000 or reply Yes to any of the questions below, please complete the Travelers Real Estate Services Professional Liability Application.

Coverage is not available in CA, HI, and LA.

GENERAL INFORMATION

Legal Name of Firm: Today's Date:

Trade or Doing Business As Name(s):

Mailing Address:

City: State: Zip:

Physical Address (if different):

City: State: Zip:

Owner Name: Broker Name: Year first licensed as: Broker: Agent:

Telephone Number: Email Address: Web Address:

Proposed Effective Date: Expiring Policy Number (if Travelers renewal):

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

Type of Legal Entity: Individual, Sole Proprietorship, General Partnership, Other (Specify), Corporation, Limited Liability Corporation, Limited Partnership

Provide the following information if the firm currently carries professional insurance:

Table with 6 columns: Carrier, Policy Period, Limits, Deductible, Premium, Retroactive Date

How many people are providing professional services on behalf of the firm?

Indicate below all areas of practice from which your firm derives revenue.

Residential: Sales, Sales of land and lots, Leasing, Property Management, Appraising, Other:

Commercial: Sales, Sales of land and lots, Leasing, Property Management, Appraising, Other:

APPLICANT INFORMATION

1. Are the firm’s gross commissions and fees for the most recent 12 months more than \$100,000? Yes No
 2. Does the firm provide the following real estate agent or broker professional services? N/A
 - a. Construction or development Yes No
 - b. Rehab, renovation, or property flipping Yes No
 3. Does the firm provide the following property management professional services? N/A
 - a. Construction management Yes No
 - b. Time shares Yes No
 - c. Management of owned properties Yes No
 4. Does the firm provide the following appraiser professional services? N/A
 - a. Business valuations Yes No
 - b. Right of way or eminent domain Yes No
 - c. Oil, gas, or mineral interests Yes No
 - d. Farms, ranches, or forestry Yes No
 - e. Estate or tax purposes Yes No
 - f. Flood zone certificates Yes No
 - g. *Ad valorem* taxes Yes No
 5. 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
 6. Does the average value of residential property sold exceed \$1,000,000? Yes No
- Travelers renewal customers do not need to answer questions 7. through 9.
7. 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
 8. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim? Yes No
 9. Has any member of the firm, including any independent contractor, ever had their professional license revoked or suspended, been formally reprimanded, or been the subject of a disciplinary action within the past five years? Yes No

PICK-A-PREMIUM PLAN (CHECK ONLY ONE)

Limits of Liability	Deductible	Policy Term	Defense Type and Annual Premium	
			Defense Outside Limits	Defense Within Limits
\$250,000/\$250,000	\$0	2 years	<input type="checkbox"/> \$450 per year	<input type="checkbox"/> \$425 per year
\$500,000/\$500,000	\$0	2 years	<input type="checkbox"/> \$500 per year	<input type="checkbox"/> \$475 per year
\$1,000,000/\$1,000,000	\$0	2 years	<input type="checkbox"/> \$575 per year	<input type="checkbox"/> \$550 per year

Defense outside limits means the limits of liability are eroded by damages only. Defense within limits means the limits of liability are eroded by both damages and defense expenses.

Applicants in New Mexico and New York who want Defense Within Limits coverage are required to select limits of at least \$500,000/\$500,000. Applicants in Arkansas, North Dakota, and South Dakota who want Defense Within Limits coverage are required to select limits of \$1,000,000/\$1,000,000. Defense Within Limits Coverage is not available in Vermont.

Premiums above do not include any applicable state taxes or surcharges.

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: _____

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.

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 to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will 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 to defraud 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.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: X	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number: