



HAMILTON

## REAL ESTATE PROFESSIONAL LIABILITY APPLICATION

**Required documents, in addition to this application:**

- Current Declarations page or copy of Insurance Policy(ies), as applicable
- Currently valued loss runs (five years)

### APPLICANT INFORMATION

<b>Legal name of Applicant:</b>	
<b>Mailing Address: (Street, City, State, Zip Code):</b>	
<b>Primary Location Address: (If different from above)</b>	

<b>List all other business/DBA names for which you ARE seeking coverage under this policy:</b>	
<b>List any names of other entities you own, manage, or do business under for which you ARE NOT seeking coverage:</b>	

<b>Date Established:</b>		<b>Website:</b>	
--------------------------	--	-----------------	--

### COVERAGE REQUESTED

<b>Policy Period:</b>	From:	To:	
<b>Retroactive Date:</b> (declarations page required)			
<b>Limits of Insurance:</b>	\$100,000/100,000		\$250,000/250,000
\$500,000/500,000	\$1,000,000/1,000,000		\$2,000,000/2,000,000
\$3,000,000/3,000,000	\$5,000,000/5,000,000	Other:	\$
<b>Deductible:</b>	\$5,000	\$10,000	\$15,000
\$25,000	\$50,000	\$100,000	Other: \$

### GENERAL INFORMATION

<b>1. List the applicant firm's personnel (each individual should be classified in only one category):</b>			
Real Estate Agents/Brokers or Independent Contractors		Mortgage Brokers	
Assistants (licensed/unlicensed)		Auctioneers	
Appraisers		Consultants	
Property Managers		<b>TOTAL STAFF (including part-time)</b>	

**2. Please provide the total gross commissions/fees and transaction counts for the following real estate services:**

	Last 12 months commissions/fees	Last 12 months transactions	Next 12 months projected commissions/fees	Next 12 months projected transactions
Residential Sales & Leasing	\$		\$	
Residential Property Management	\$		\$	
Residential Appraisals	\$		\$	
Commercial Sales & Leasing	\$		\$	
Commercial Property Management	\$		\$	
Commercial Appraising	\$		\$	
Business Broker/Sale of Businesses	\$		\$	
Real Estate Auctioning	\$		\$	
Mortgage Broker	\$		\$	
Real Estate Development	\$		\$	
Real Estate Consulting (describe in detail)	\$		\$	
Other (describe in detail)	\$		\$	
<b>Totals</b>	<b>\$</b>		<b>\$</b>	

**Please provide details on the "Real Estate Consulting" and "Other" answer above in the space provided below:**

--

**3. Please provide the following sale information for the last 12 months or projected if new:**

Property Type	Max Value	Average Value	% Representing Buyers	% Representing Sellers	% Dual Agency Representation
Residential	\$	\$	%	%	%
Commercial	\$	\$	%	%	%
Business Broker	\$	\$	%	%	%

**4. Is more than 10% of commission income derived from the sale of real estate at any one location or development?**

Yes

No

If yes, please provide the percentage(s) and description of the location or development:

--

<b>5. Risk Management</b>		
a. For dual agency transactions, where you represent both the buyer and the seller, did you have a signed dual agency disclosure form signed by all parties 100% of the time. If "no", please explain below.	Yes	No
b. Does any client represent more than 25% of the applicant's annual income? If yes, please provide the name of the client(s), description of work performed and percentage of revenue from such client(s) below.	Yes	No
c. Does the applicant have an in-house office policy/procedures manual? If "yes", please provide details below.	Yes	No
d. Does the applicant form, manage or organize group investments/syndications, including limited or general partnerships, corporations or REITS for the purpose of investing in real property? If "yes", please provide details below.	Yes	No
e. Does the applicant perform work involved with 1031 Exchanges? If "yes" please provide the number of transactions and how the applicant ensures legal compliance with 1031 Exchange requirements below.	Yes	No
<b>Additional information requested above:</b>		

**INSURANCE HISTORY**

<b>6. Are you being cancelled or non-renewed by your current professional Liability insurance carrier?</b>	Yes	No
If "Yes", please explain:		

<b>7. Professional Liability Insurance History (Past 5 years)</b>				
Insurer	Policy Period	Limits of Insurance	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>If you are currently insured, what is the retroactive date on your current policy?</b>				

**LOSS HISTORY**

**For any "Yes" answers to the following questions, please provide detailed information in the Supplemental Information section of this application or provide separate attachments.**

<b>8. Has any insurance company ever rescinded, cancelled or non-renewed any similar insurance for the applicant? If "Yes", please explain in the space provided below.</b>	Yes	No
---	-----	----



<p><b>9.</b> After inquiry with each person as appropriate, in the last five (5) years have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business?  <b>If “Yes”, please complete a supplemental claim/incident form for each.</b></p>	Yes	No
<p><b>10.</b> After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim?  <b>If “Yes”, please complete a supplemental claim/incident form for each.</b></p>	Yes	No
<p><b>11.</b> After inquiry with each person as appropriate, have you, or any of your partners, officers, directors, or employees been the subject of any complaint or subject to any disciplinary action by any state licensing agency or other regulatory body during the past five (5) years?  <b>If “Yes”, please provide a description of circumstances, and if applicable, a copy of the regulatory body’s decision and any penalties involved.</b></p>	Yes	No

**SUPPLEMENTAL INFORMATION**

Please use this section to provide additional details for Questions 9-12, or for any other questions requiring additional space for answers.

**FRAUD WARNING**

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for 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 FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO 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.

**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 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.

**NOTICE TO 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.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

**NOTICE TO 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.

**NOTICE TO 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 a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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.

**NOTICE TO 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**



HAMILTON

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

**Applicant Signature** \_\_\_\_\_

(must be signed by an owner, principal, partner or officer)

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_