



**Insurance Professionals Errors and Omissions Insurance
Supplemental Application D – Real Estate Operations**

1. Name of Applicant: *(include all firm names, trading names or DBA's under which you operate)*

2. Month/Year firm established under current ownership: _____

3. List the estimated, annual gross Real Estate commission receipts earned from the following sources:

Property Type	Real Estate Sales	Property Management	Property Development
Residential:			
Commercial:			
Agricultural:			
Income from Applicant owned property*:			
Other*: (describe)			

***Note:** *Should coverage be provided, the E&O policy endorsement excludes coverage for the following: property in which the Applicant has an ownership interest; services provided as an escrow agent, mortgage banker, or mortgage broker; services relating to Real Estate Investment Trusts, Property Syndication, or Property Development.*

4. Give the percentage of the Applicant's sales which used the following documents last year:

Source of Document	Real Estate Contracts	Disclosure Forms
Standard Realty Board Forms:	____%	____%
Forms Designed by Applicant:	____%	____%
Other (describe):	____%	____%

5. Indicate the number of staff in the following categories:

	Full Time	Part Time
Active Owners, Officers or Partners:		
Licensed Real Estate Agents (include non-employees):		
Real Estate Appraisers:		
Other Professional Staff:		
Other Employees (including clerical):		
TOTAL STAFF		

6. Complete the following for each principal, partner, director and officer. Use separate sheet as necessary.

Name and Title	Current Status	Year First Licensed as Real Estate	List all Real Estate Related:		Years with Applicant
			Professional Associations	Professional Designations	
	<input type="checkbox"/> Inactive <input type="checkbox"/> Active	Agent: Broker:			
	<input type="checkbox"/> Inactive <input type="checkbox"/> Active	Agent: Broker:			
	<input type="checkbox"/> Inactive <input type="checkbox"/> Active	Agent: Broker:			

7. Has the Applicant or any person proposed for this coverage ever been subject to disciplinary action by any federal, state or local regulatory body, real estate association or state licensing board as a result of any real estate related activities? YES NO

If "YES," please explain: _____

8. Has any policy or application for real estate errors and omissions insurance been refused or canceled within the past five years? YES NO

If "YES," please explain: _____

9. Have any errors or omissions claims arising out of real estate operations been made against the Applicant, its past or present owners, partners, officers, employees or sales force within the past five years? YES NO

If "YES," please complete Supplemental Application A for each claim.

10. After inquiry, does the Applicant, predecessor in business or any other person for whom coverage is requested, have any knowledge of any actual or alleged act, error, omission or circumstance regarding real estate operations which may result in a claim being made? YES NO

If "YES," please complete Supplemental Application A for each incident or circumstance.

11. List real estate E&O coverage for the past five years. If NONE, state, "NONE".

Company	Limits	Deductible Amount	Premium Paid	Period of Coverage
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	



I understand information submitted herein becomes a part of the Applicant's Errors & Omissions Insurance application and is subject to the same representations and conditions.

Signature of Applicant _____ **Date** _____
(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)

Title of signing applicant: Owner Executive Officer Partner Member of LLC Other _____