



APPLICATION FOR REAL ESTATE AGENT PROFESSIONAL LIABILITY COVERAGE

Return Applications to:
Fox Point Programs, Inc.
250 Philadelphia Pike, 2nd Fl, Wilmington, DE 19809
800-499-7242 • Fax: 302-472-8529
www.foxpointprg.com

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

1. **APPLICANT** Name _____

Business Address _____

City _____ State _____ Zip _____

Tel (_____) _____ Fax (_____) _____

Email _____ Years in Business _____

Does Applicant utilize sales personnel/independent contractors? Yes No *If "Yes", how many?* _____

If more than 3 sales personnel/contractors utilized, please complete the Full Application.

2. **FINANCIAL AND BUSINESS INFORMATION** a. Total commission income, last 12 months: \$ _____

b. Show services by approximate percentage:

<u>Service Provided</u>	<u>%</u>	<u>Service Provided</u>	<u>%</u>	<u>Service Provided</u>	<u>%</u>
Residential Real Estate Sales/Brokerage _____		Real Estate Consulting _____		Real Estate Appraisals _____	
Commercial Real Estate Sales/Brokerage _____		Property Management _____		Mortgage Brokering/Banking _____	
Ranch/Farm Real Estate Sales/Brokerage _____		Other (describe): _____			

3. **PRIOR INSURANCE** a. Do you currently have an Errors & Omissions Insurance policy? Yes No

If "Yes", specify carrier: _____ *Retroactive Date:* _____

b. Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? Yes No

c. Has any Professional Liability claim(s), complaint or proceeding been made against the Applicant or any person or organization proposed for this insurance or any predecessor organization? Yes No

If the answer to questions 3b or 3c above is "Yes", please explain on a separate sheet.

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the applicant: _____ Date: _____