

Real Estate Professionals Application

Applicant's Instructions: Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.

Application must be dated and have an authorized signature.

Please read statement at end of application carefully.

1. Name (Company Name if applicable): _____
 Entity Type: Sole Proprietor Partnership LLC Corporation Other
 Street Address: _____
 City, State, ZIP: _____
 Telephone Number: _____ Fax Number: _____
 Web Site Address: _____
2. Date Established: _____
3. Has your firm name ever changed or has there been any acquisition, consolidation, dissolution, merger, or change in business organization? Yes No
 If yes, provide details: _____
4. Limits of Liability Requested:
\$100,000/\$100,000 \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
 Other: \$ _____
5. Deductible requested:
\$2,500 \$5,000 \$10,000 Other: \$ _____
 If yes, please provide details: _____
6. Staff (Indicate Numbers):

	Full-time	Part-time	Inactive
Principals, Partners, Officers:	_____	_____	_____
Licensed Real Estate Agents:	_____	_____	_____
Property Management Staff:	_____	_____	_____
Other Employees (include clerical):	_____	_____	_____
7. What percentage of properties are sold with a home warranty? _____%
8. Are any residential sales "dual-agency" sales? Yes No
 If yes, what percentage? _____%
 Do you always use agency disclosure forms on dual agency sales? Yes No
9. What percentage of sales in the past 12 months used property disclosure forms? _____%
10. Do you have an in-house procedure manual? Yes No
11. Do you use approved contract forms? Yes No
12. What percentage of your agents participated in a formal real estate related continuing education program in the last 12 months? _____%
13. Does anyone in the firm, sell, appraise, lease or manage properties constructed, developed or owned by the firm, anyone in the firm or a related firm? Yes No
 If yes, provide details including commission income earned, percentage of ownership, type of property and services provided.

14. Does anyone in the firm provide any of the following services: If yes, provide full details
- a. Real Estate Development or Construction Yes No
 - b. Construction Management Yes No
 - c. Mortgage Brokerage/Banking (see question # 18) Yes No
 - d. Formation or management of group investments/syndications, trusts or partnerships Yes No
 - e. Sale of Timeshares Yes No
 - f. Management of Associations (condominium, cooperative or homeowners) or Vacation Rentals Yes No
 - g. Business Opportunity Brokerage Yes No
 - h. Auctioneering Yes No

15. Annual Gross Revenues:

	# of Transactions	Last 12 Months	Next 12 Months Estimate
Residential Real Estate:	_____	_____	_____
Ranch/Vacant Land:	_____	_____	_____
Commercial/Industrial Sales:	_____	_____	_____
Leasing Fees (property not managed):	_____	_____	_____
Property Management (not owned):	_____	_____	_____
Real Estate Appraisal:	_____	_____	_____
Income From Property Owned:	_____	_____	_____
Other Income:	_____	_____	_____
Total:	_____	_____	_____

16. Please indicate the average sale price of properties sold in the past twelve months: \$ _____

17. If you provide property management services, please provide the following information:
- a. Is there a contract in place that requires the building owner to carry insurance that includes coverage for the applicant? Yes No
 - b. Are any of the following services provided?

Maintenance:	Self _____	Subcontracted _____
Security:	Self _____	Subcontracted _____
Construction/Development:	Self _____	Subcontracted _____

18. If you provide mortgage brokerage/banking services, please provide the following information:
- a. Top three lender/investor clients: _____
 - b. Provide a percentage breakdown of the areas in which the mortgages are made:
 Residential _____% Commercial _____% Industrial _____% Construction _____% Other _____%
 - c. Services rendered and percentage of total:
 Origination _____% Servicing _____% Underwriting _____% Warehousing _____%
 Soliciting _____% Repurchasing _____%

19. Previous coverage: Policy Period: _____ Retrodate: _____ Carrier: _____
 Limits: _____ Deductible: _____ Premium: _____

20. a. Have any claims been made against your firm or anyone in your firm that would be covered by this insurance? Yes No
 If yes, provide details of each claim. _____
- b. Are you aware of any act, error, omission, or other circumstances which might reasonably be expected to be the basis of a claim or suit against your firm or anyone in your firm that would be covered by this insurance? Yes No
 If yes, please provide full details of each circumstance. _____

c. Has the firm or anyone to whom this insurance will apply had their license revoked or been subject to disciplinary action by any Real Estate Association, State Licensing Board, or other regulatory body within the last five years? Yes No

If yes, provide details. _____

d. During the past five year has any insurance company declined, cancelled or refused to renew coverage for the applicant? Yes No

If yes, provide details.

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation, and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and ProAssurance Mid-Continent Underwriters, Inc., any documents, records, or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law. Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.

Important: This application must be signed by the applicant. Signing this form does NOT bind the Company to complete the insurance.

Insured Signature: _____

Print Name: _____

Title: _____

Date: _____