



COMMERCIAL INSURANCE[®] SOLUTIONS

Throughout this application "you" and "your" means the entity or individual applying for this insurance.

1. New Business - Effective Date requested: _____ Renewal - Renewal of Policy Number: _____

APPLICANT INFORMATION

2. Date Established (mm/dd/yyyy) _____

3. Your Full Legal Name _____

4. Your "trade name" or "doing business as" name _____

5. Your address _____

a. Street

City	State	Zip code	County
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b. Mailing (if different)

City	State	Zip code	County
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6. Your primary contact

Name	Title
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Phone	Fax	Email
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7. Your Website Address _____

8. Your legal status: Individual General Partnership Professional Corporation or Association
 Limited Liability Partnership (LLP) Limited Liability Company (LLC) Other (please describe): _____

9. List all states in which you conduct business and provide the percentage of business conducted in each state:

LIMITS AND DEDUCTIBLE

10. Limits Requested:
 \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000 Other: _____

11. Deductible Requested:
 \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$20,000 Other: _____

12. Annual Aggregate Deductible: Currently have

13. Deductible applies to damages only: Currently have Don't have, but interested in quotation

GENERAL INFORMATION

14. Check all the boxes below that represent the services you perform or intend to perform and provide the percentage of annual Gross Commissions and Fees.

- Real Estate Agent/Broker _____ %
 Property Manager * _____ %
 Real Property Appraiser * _____ %
 Auctioneer * _____ %
 Other (Please describe:) _____ %

* If box is checked, please complete the Other Real Estate Professional Services Supplement.

15. Provide the following information for all owners and managers in your agency:
(If less than three years, please attach resume.)

Name	Position	Professional Designation	Percentage of Ownership (Must Equal 100%)	Year First Licensed/Certified as Real Estate	Number of Years Managing This Agency
				Agent: _____ Broker: _____	
				Agent: _____ Broker: _____	
				Agent: _____ Broker: _____	

16. Within the last five years, has the name, structure, or ownership changed, or has there been an acquisition, consolidation, merger, dissolution, or any other change? Yes No
If yes, please provide details: _____

17. Is your agency owned by or affiliated with, any other entity (excluding franchisor)? Yes No
If yes, please provide details: _____

18. Do you, or does anyone in your agency own, control, manage, or operate any other business? Yes No
If yes, please provide details: _____

19. Are your clients ever referred to another business that you or any member of your agency, any of your employees or any of your independent contractors hold an ownership interest in, manage, or control? Yes No
If yes, please provide details: _____
If yes, is written disclosure provided to acknowledge ownership interest, management, or control? Yes No

20. Are more than 10% of your agency's annual gross commissions derived from any one location, development, or client? Yes No
If yes, please provide details: _____

21. Please provide the percentage of services performed for each box checked below:

<input type="checkbox"/> Development/Construction	_____ %	<input type="checkbox"/> Vacation Rentals*	_____ %
<input type="checkbox"/> Construction Management	_____ %	<input type="checkbox"/> Evictions*	_____ %
<input type="checkbox"/> Mortgage Brokering	_____ %	<input type="checkbox"/> Handle Tenant Complaints*	_____ %
<input type="checkbox"/> REITs	_____ %	<input type="checkbox"/> Arranging for Repair / Maintenance / Grounds Keeping*	_____ %
<input type="checkbox"/> Sale/Lease/Management of Time Shares	_____ %	<input type="checkbox"/> Payment of Bills*	_____ %
<input type="checkbox"/> Condo/Association Management*	_____ %	<input type="checkbox"/> Collection of Rents*	_____ %

* Indicates services that require the completion of the Other Real Estate Professional Services Supplement.

Provide additional information regarding the services checked above: _____

RISK MANAGEMENT

22. Do you:
- a. Document each client file with conversations, recommendations and activities? Yes No
 - b. Have written procedures in place to notify management of problem transactions? Yes No
 - c. Have a written internal policy or procedure manual? Yes No
 - d. Use in-house legal counsel, legal counsel on retainer, or risk manager on retainer? Yes No
 - e. Use standard (state approved) contracts on all transactions? Yes No
- If yes to any of the above, please explain services provided: _____

23. During the most recent 12 months, what percentage of your professional staff, including your independent contractors, participated in:
- a. Continuing education courses exceeding state required minimums? %
 - b. Risk reduction seminars? %

24. How many real estate brokers and agents are employed, including independent contractors?
 Full Time: _____ Part Time: _____ Average Years of Experience: _____

25. Complete the following chart for each service provided. If this is a new business - please provide projections.

Service		Most Recent 12 Calendar Months (Not Fiscal Year)		Prior 12 Calendar Months	Projected 12 Calendar Months
		Gross Commissions and Fees	Number of Transactions	Gross Commissions and Fees	Gross Commissions and Fees
Residential:	Sales				
	Leasing				
	Property Management*				
	Appraising*				
Commercial:	Sales				
	Leasing				
	Property Management*				
	Appraising*				
Auctioneering*					
Sale of Foreclosed/REO Properties					
Broker Price Opinion					
Other (describe): _____					
TOTALS					

* Indicates services that require the completion of the Other Real Estate Professional Services Supplement.

26. During the most recent 12 calendar months indicate, the number of properties in which you or any member of the agency (including independent contractors) was an owner, buyer, or investor at the time services were provided: _____
- a. Is written disclosure of such ownership interest made to all parties? Yes No
- If no, please provide details: _____

27. During the most recent 12 calendar months indicate:
- a. The average sale price of your residential transactions \$ _____
 - b. How many high valued residential transactions (3 times the average value) \$ _____
 - c. What was the sale price of the highest valued residential transaction? \$ _____

28. During the most recent 12 months if you engaged in any foreclosure/REO transactions did you represent the:

- a. Buyer Seller
 b. Buyer _____% Seller: _____%

29. What percentage of your transactions have:

- a. Property inspections performed? %
If property inspections are declined are signed waivers obtained? Yes No
- b. A signed seller's property disclosure statement? %
- c. The buyer and seller been represented by the same agent or agency (dual agency)? %
Are written disclosures used on each dual agency transaction? Yes No

30. Complete the following chart for Commercial Properties:

Commercial Sales and Leasing	Most Recent 12 Months (NOT Fiscal Year)				
	Property Type	Gross Commissions and Fees		No. of Transactions	Sale Price of Highest Valued Transaction
		Sales	Leasing		
a) Offices	\$	\$		\$	
b) Hotels/Motels	\$	\$		\$	
c) Strip Malls	\$	\$		\$	
d) Land	\$	\$		\$	
e) Warehouses	\$	\$		\$	
f) Shopping Centers	\$	\$		\$	
g) Apartments/Condos	\$	\$		\$	
h) Industrial and/or Manufacturing	\$	\$		\$	
i) Other _____	\$	\$		\$	
TOTALS	\$	\$		NA	

PRIOR INSURANCE AND CLAIM HISTORY – NEW APPLICANTS ONLY

Important Note for New Applicants: You must report any known claim or suit, or incident, act, error, or omission that may in the future give rise to a claim or suit, to your current professional liability carrier before the claim-reporting period under that policy expires.

31. During the past five years has any professional liability claim or suit been made against you, any member of your agency, any of your employees, or any of your independent contractors? Yes No
If yes to the above, please provide up-to-date prior carrier loss run.
If yes to the above, please complete the Claim, Suit, or Incident Supplement.
32. Do you, any member of your agency, any of your employees, or any of your independent contractors know of any incident, act, error, or omission that could reasonably result in a claim or suit against you, any member of your agency, any of your employees, or any of your independent contractors? Yes No
If yes, please provide details. _____
33. Have you, any member of your agency, any of your professional employees, or any of your independent contractors ever had their professional license revoked, suspended, been formally reprimanded, or been the subject of a disciplinary action? Yes No
If yes, please provide details. _____

34. List your Professional Liability Insurance protection carried during the past three years, including any period without coverage. If currently uninsured, please check:

	Carrier	Policy Period	Limits	Deductible	Premium	Retroactive Date	Reporting Period Purchased
Current Year							<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Year 1							<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Year 2							<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Have you or any member of your agency seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance non-renewed or cancelled, other than for nonpayment of premium? (Not applicable in Missouri)..... Yes No
If yes, please provide details. _____

36. Do you maintain Commercial General Liability insurance?..... Yes No

37. Missouri Applicants Only: Requested Claims-Made Retroactive Date/Prior Acts Date..... _____
 Check if none.

Insurance Minds

for Real Estate Matters

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