

**NOTICE: THIS IS AN APPLICATION FOR A POLICY THAT IS WRITTEN ON A CLAIMS MADE & REPORTED BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER**

## **COVERAGE NOT AVAILABLE FOR RISKS LOCATED AND/OR DOMICILED IN CALIFORNIA**

**Important Notice** – Certain state(s) require real estate licensees to maintain Real Estate E&O Insurance coverage that meets minimum requirements, including minimum coverage limits, policy features, and compliance standards. It is your responsibility to review and confirm that the E&O coverage you are purchasing meets the requirements mandated by state(s) where you operate or hold a licensure. Verus Specialty Insurance makes no representation or guarantee that the coverage offered fulfills the regulatory obligations in your jurisdiction.

**To qualify for the premiums listed on the next page, all responses to Questions 1–7 below must be “No.” The application must be fully completed for the binder to be processed. Incomplete applications or any unanswered questions in this section will result in coverage not being bound.**

**If any question is answered “Yes,” the account is ineligible for processing and coverage will not be bound.**

**To pursue terms with Verus, please visit [www.verusins.com](http://www.verusins.com) and log in to the Broker Portal to complete the full Real Estate E&O application and access additional information.**

Name of Applicant: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Website address: \_\_\_\_\_ Date the Firm was Established: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Does the firm anticipate generating more than \$250,000 in gross revenue from real estate services, including property management, in the coming 12 months?  | YES | NO |
| 2. Does the firm provide services involving real estate construction/development, business brokerage, real estate inspection, real estate appraisal or mortgage brokerage?  | YES | NO |
| 3. Does the applicant or any agent have any exclusive listing agreements with a builder or developer?   | YES | NO |
| 4. Does the firm anticipate generating more than 50% of its revenue from sales and/or management of properties with ownership interest in the coming 12 months?   | YES | NO |
| 5. Does the firm anticipate generating more than 15% of its revenue from management of associations including condo/HOA associations?   | YES | NO |
| 6. Have you or anyone to whom this insurance would apply had their license revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body during the past five years? | YES | NO |
| 7. Is any owner, agent or member aware of any errors and omissions claim(s) made against them within the past five (5) years or are they aware of any circumstances, situation, act, error,   |     |    |

omission or personal injury which could reasonably be expected to be the basis of a claim being made against them or the applicant?

YES NO

8. Anticipated Annual Revenue: \$ \_\_\_\_\_

9. Indicate the percentage of revenue between commercial and residential:

Commercial: \_\_\_\_\_%

Residential: \_\_\_\_\_%

10. Indicate the percentage of revenue between property management and real estate agent:

Property Management \_\_\_\_\_%

Real Estate Agent: \_\_\_\_\_%

11. Does the applicant currently maintain Real Estate Errors and Omissions insurance?

YES NO

If No, please review premium options provided - NO PRIOR COVERAGE/RETRO INCEPTION

If yes, please review premium options provided - PRIOR ACTS COVERAGE/ MATCH EXPIRING RETROACTIVE DATE

12. Confirm the expiring retroactive date (if applicable): \_\_\_\_\_

**Please note that a copy of the expiring Declarations Page is required to honor expiring retroactive date. If no Declarations Page is attached, we will bind with RDI.**

## SCHEDULE OF FORMS AND ENDORSEMENTS

FORMS ATTACHED TO AND MADE A PART OF THIS POLICY AT INCEPTION:

<u>FORM NUMBER</u>	<u>FORM TITLE</u>
VUM 99 40 02 22	Policy Cover Page
VUM 10 03 07 23	Privacy Notice
VUM 99 29 11 16	Policyholder Notice - Claims Reporting Instructions
IL P 001 01 04 US	Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice Policyholders
VPRF 02 00 (10-17)	Errors and Omissions - Claims-Made and Reported Coverage Declarations
SC-FORMS (10-17)	Schedule of Forms and Endorsements
IL 00 17 11 98	Common Policy Conditions
VRES 10 01 11 22	Real Estate Services Professional Liability Coverage Form
IL 00 21 10 15	Nuclear Energy Liability Exclusion Endorsement
VRES 00 17 12 22	Exclusion - Pathogens or Virus
VCOM 00 33 10 22	Exclusion - Cyber
VCOM 00 82 10 22	Exclusion - Social Engineering And Handling Of Funds
VCOM 01 00 10 23	Exclusion - Biometric Information
VRES 00 13 11 22	Third Party Discrimination Endorsement (\$500,000 Aggregate Sub-Limit of Liability)
VRES 00 08 11 22	Lock Box, Open House, Contingent Bodily Injury and Property Damage Endorsement (Aggregate Sub-Limit of Liability: \$100,000 Lock Box Claim; \$100,000 Open House Claim; \$50,000 Contingent Bodily Injury Claim and Contingent Property Damage Claim)
VRES 00 01 12 22	Failure to Disclose Pollutants Endorsement (\$500,000 Aggregate Sub-Limit of Liability)
VRES 00 12 11 22	Owned Property Amendatory Endorsement
VRES 00 07 12 22	Exclusion - Real Estate Development Related Services
VRES 00 10 11 22	Supplemental Payments
	Each Expense Event
	Aggregate
	Each Expense Event
	Crisis Management Expenses
	\$25,000
	\$25,000
	\$2,500
	Disciplinary Proceedings
	\$25,000
	\$25,000
	\$2,500
	Subpoena Assistance
	\$25,000
	\$25,000
	\$2,500
VUM 99 32 04 21	Minimum Earned Premium
VUM 99 49 05 21	Anti-Stacking Endorsement
VUM 99 50 04 22	Exclusion - Asbestos
VUM 99 61 05 21	Consent To Settle - sixty percent (60%) of any loss, including defense expenses, in excess of the amount referenced in paragraph a. above, incurred in connection with such "claim"; in every event the applicable Deductible and Limits of Insurance for the policy apply to this loss determination.

State Specific forms will be applied based on risk location at binding.

**SELECT THE OPTION BESIDE THE PREMIUM FOR THE DESIRED DEDUCTIBLE AND LIMIT COMBINATION****Premium option for NO PRIOR COVERAGE/RETRO INCEPTION****For all states except for – AK, AL, FL, HI, LA, MS, NY, PA, TX, WA and WV**

Premium Table	Limit offered		
Deductible	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$2,500	\$1,600	\$1,800	\$2,000
\$5,000	\$1,400	\$1,550	\$1,750

**For AK, AL, FL, HI, LA, MS, NY, PA, TX, WA and WV**

Premium Table	Limit offered		
Deductible	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$2,500	\$1,800	\$1,950	\$2,200
\$5,000	\$1,600	\$1,750	\$1,950

**Premium option for PRIOR ACTS COVERAGE/ MATCH EXPIRING RETROACTIVE DATE****For all states except for – AK, AL, FL, HI, LA, MS, NY, PA, TX, WA and WV**

Premium Table	Limit offered		
Deductible	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$2,500	\$2,000	\$2,200	\$2,500
\$5,000	\$1,800	\$1,950	\$2,250

**For AK, AL, FL, HI, LA, MS, NY, PA, TX, WA and WV**

Premium Table	Limit offered		
Deductible	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$2,500	\$2,400	\$2,650	\$3,000
\$5,000	\$2,100	\$2,350	\$2,650

**COVERAGE NOT AVAILABLE IN CALIFORNIA****PLEASE READ:**

- To bind coverage, please email the following completed, signed, and dated documents:
  - VERUS Real Estate Agent and Property Manager Application and Bind Form
  - Completed Surplus Lines Tax Filing Form
  - Expiring Declarations Page if applicable
- All sections of the application must be fully completed. Coverage will not be bound or placed if any information is missing or any response renders the account ineligible.
- Coverage is bound on an annual basis.
- All Binder Applications must be submitted to: [smallbusiness@verusins.com](mailto:smallbusiness@verusins.com)
- You will receive a binder within 1 to 2 business days.
- Please note that a state tax or assessment may apply to your state. It is the broker's responsibility to ensure that such tax or assessment is paid to the appropriate jurisdiction*

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## FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

### **Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West**

**Virginia:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in California:** 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.

**Applicable in Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. (In FL, a person is guilty of a felony of the third degree.)

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Kentucky:** 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.

**Applicable in Maine, Tennessee, Virginia and Washington:** 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 a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

## REPRESENTATIONS

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. **Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance.** This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this

application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

#### **WARRANTY**

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the applicant:</b>		<b>Date:</b>
<b>Print Name and Title of person authorized to execute on behalf of the applicant:</b>		
<b>Name and address of Broker:</b>		

**A copy of this application should be retained for your records.**



## Surplus Lines Tax Filing Information

Named Insured:

Policy Number:

It is the broker's responsibility to ensure that Surplus Lines tax is paid to the appropriate jurisdiction. Please provide the following information regarding the home state and the individual responsible for the collection and remittance of the applicable Surplus Lines taxes and fees.

Home State of the Insured (state where taxes remitted): \_\_\_\_\_

Entity or Agent Name under which the taxes were remitted:

\_\_\_\_\_

Agent or Entity License # under which the taxes were remitted: \_\_\_\_\_

Address of Licensee: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If **NEW JERSEY** is the **Home State** of the insured, please provide the NJ Surplus Lines Transaction Number below:

**PLEASE MAKE SURE THE SLA NUMBER (FIRST FIVE DIGITS) CORRESPONDS TO THE NJ SURPLUS LINES LICENSE NUMBER AS ISSUED BY THE NEW JERSEY DEPARTMENT OF INSURANCE.**

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Please return completed form to your Underwriter or Underwriting Assistant.

Thank you.