

REAL ESTATE PROFESSIONALS ERRORS & OMISSIONS PREMIUM INDICATION FORM

(Additional applications may be required for firm quote.) **All Questions Must Be Answered**



1. Name of Applicant and DBA _____ Principal Broker _____

Contact _____ Title _____ Phone _____ Fax _____ Email _____

Street Address _____ City _____ State _____ ZIP _____

Website _____ Year Established _____ Year Principal Broker First Licensed _____

Number of Locations _____ Number of Entities or DBAs _____ (If more than one location or entity name, provide details on a separate page.)

Total Staff Size _____ Number of Licensed Brokers/Agents _____ Number of Part Time _____ Number of Full Time _____

2. a. Is the Applicant controlled, owned, affiliated or associated with any other organization? Yes No

b. Does any Person/Entity with ownership interest in the Applicant also own, control or manage another entity? Yes No

If Yes: Name of Organization _____ Type of Business _____ Relationship _____

i. Are services provided to the Organization? Yes, _____ % of Applicant's Business No

ii. Does the firm or any member of the firm refer clients to such other entity? Yes No

iii. Is written disclosure provided? Yes No (If Yes, to any of these questions, provide details and dates on a separate page.)

3. Has the name or ownership of the Applicant ever changed or has any other entity been acquired, merged or consolidated with Applicant?

If Yes, provide details on a separate page, listing each entity name. Yes No

4. Does Applicant ever have any direct or indirect beneficial ownership interest as a buyer or seller of real property? Yes No

If Yes, provide the percentage of properties in which any ownership interest is maintained. _____%

5. Does a single client account for more than 25% of revenue, or is there an exclusive listing agreement with a builder or developer? Yes No

6. Has anyone at Applicant's firm had a license revoked, been investigated or been subject to disciplinary action in the past five years? Yes No

7. In the last 12 months, what percentage of professional staff, including independent contractors, participated in the following?

a. Continuing Education (CE) Courses Exceeding State Required Minimums _____% b. Risk Reduction Seminars _____%

8. Is Applicant involved in any development/construction, mortgage brokering, REITs, time-share sales, condo/assoc. management? Yes No

(If Yes, provide details and the percentage on a separate page.)

9. Does Applicant:

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 standard (state approved) contracts on all transactions? Yes No (If no, provide detailed explanation on a separate page.)

10. What is the total gross revenue from all services? Prior Fiscal Year \$ _____ Estimate of Coming Year \$ _____

11. Check applicable revenue source(s) and indicate the percentage of revenue from each service:

Residential Sales and Leasing _____% Residential Appraising _____%

Residential Property Management _____% Commercial Appraising _____%

Commercial Sales and Leasing _____% Business Brokering _____%

Commercial Property Management _____% Other (Describe) _____%

TOTAL (Must Equal 100%) _____%

12. a. Number of transactions for the last 12 months? _____ b. What was the average value of properties? \$ _____

c. Percentage represented both buyer and seller? _____% d. Percentage covered by a home warranty? _____%

13. Current E&O Coverage: Expiration Date _____ Carrier _____ Limits _____

(If first time coverage, fill in desired limits/deductible.) Deductible _____ Premium _____ Retroactive or Prior Acts Date _____

14. Have any prior E&O insurance policies been cancelled or non-renewed? Yes No

15. Have any E&O claims been reported and/or have claims/suits been made in the past five years against the Applicant, any officers or employees, or its predecessor firm? Yes No (If Yes, complete a claims supplement for each, available upon request.)

Proposed insured represents that the statements set forth in the form are true and correct and that no material facts have been suppressed, misstated or omitted.

Date _____ Signature _____ Title _____

Stewart Specialty Insurance Services

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