



To be eligible for this application you must be able to answer "true" to statements 1-7 below. Please note that mortgage brokering coverage is not offered with the Express Application. Please contact your agent if you are not eligible for this program or need mortgage brokering coverage.

Applicant Company Name _____

Contact _____

Principal Street Address _____

City _____ ST _____ ZIP _____

Mailing Address _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____ In lieu of mailing my policy, you may email my policy to the above address.
I agree to receive an electronic copy of my application with my policy.

Total # of professionals earning \$20,000/yr or more _____ Total # of professionals earning less than \$20,000/yr _____

Annual # of Transaction Sides _____ (on closed real estate sales)

Status of Insured: Independent Contractor Sole Proprietor Partnership/LLP Corporation/LLC

NEW BUSINESS ACCOUNTS: Desired Effective Date ____ / ____ / ____ Retroactive Date ____ / ____ / ____

RENEWAL ACCOUNTS: General Star Policy Number _____

If you have a policy in force, you will need prior acts coverage. Attach a Copy of your current Declarations page showing the prior acts date.

To be eligible for the premium options shown below, the Responses to statements 1 through 7 must all be "True".	
1. No owner, agent or member of the applicant company has had their license revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body within the last 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
2. No owner, agent or member of applicant company has been cancelled, refused insurance or declined by a Carrier during the last 5 years (except due to loss of market or non payment of premium).	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the company is involved in property management, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
4. No owner or agent of the company has an exclusive listing agreement with any builder/developer.	<input type="checkbox"/> True <input type="checkbox"/> False
5. The applicant's total gross revenues did not exceed \$300,000.00 for the last three (3) year period. (gross revenues are defined as all fees and commissions before expenses payable to employees and independent contractors).	<input type="checkbox"/> True <input type="checkbox"/> False
6. The applicant and anyone to whom this insurance will apply is not aware of any professional liability claim or any acts, errors, omission or Personal Injuries which might reasonably be expected to be the basis of a claim made against them within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
7. No owner, agent or member of the applicant has provided services related to pre-foreclosed or bank owned properties that included involvement in any eviction procedures, delivering or negotiating cash for keys offers or property rehabilitation.	<input type="checkbox"/> True <input type="checkbox"/> False

Turn to Page 2 to Select and Circle Your Premium Payment Option and Remit With Your Application

**SELECT AND CIRCLE YOUR DESIRED PREMIUM PAYMENT OPTION
AND REMIT WITH YOUR APPLICATION**

ALL STATES EXCEPT CALIFORNIA

Florida, Kentucky, New Jersey and West Virginia Applicants: Please see notes below regarding State Taxes or Surcharges required.

Deductible Loss & Expense	\$100,000/\$300,000	\$250,000/\$250,000	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$1,000.00	\$496.00	\$527.00	\$585.00	\$616.00	\$660.00
\$2,500.00	\$451.00	\$479.00	\$532.00	\$560.00	\$600.00
\$5,000.00	\$429.00	\$455.00	\$505.00	\$532.00	\$570.00

CLAIM EXPENSES ARE OUTSIDE THE LIMITS OF LIABILITY

Kentucky Residents:

The premiums on Page 1 do not include the State, City or County Taxes assessed in Kentucky. Contact your agent to obtain the amount of the tax prior to submitting this application.

West Virginia Residents:

The State of West Virginia assesses a tax of 0.55% on insurance. Multiply premium you selected by 1.0055 and round to the nearest dollar. This is the total premium and tax due.

Florida Residents:

Companies writing property and casualty insurance business in the State of Florida are required to collect a Florida Hurricane Catastrophe surcharge of 1%. Multiply the premium you selected above by 1.01 and round to the nearest dollar. This is the total premium and surcharge due.

New Jersey Insurance Guaranty Association Fund:

Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Insurance Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. The current assessment is 0.9% and will be displayed on your premium notice. Multiply the premium you selected above by 1.009 and round to the nearest dollar.

DISCLAIMER

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

NOTICE (for all states except Florida): By applying for this insurance, the applicant is also applying for membership in The Realtors Insurance Purchasing Group Association, a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

Fraud Warning:

Notice to Applicants of all states except Colorado, New York, and Pennsylvania: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to Colorado Applicants: 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.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.


Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Maine Applicants: 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 denial of insurance benefits.

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

Notice to Pennsylvania Applicants: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application. 

Please print your name _____

Signature:

Date:

For Florida Agents Only:

Agent or Producer Name:

License #:

For Iowa Agents Only: Agent Name Required

Agent Name:

For New Hampshire Agents Only: Agent Name and Signature Required

Agent Name:

Signature:

Mail your application and check payable to your agent:

The Herbert H. Landy Insurance Agency Inc.
75 Second Avenue, Suite 410, Needham, MA 02494
Web: www.landy.com • Phone: 800-336-5422 • Fax: 800-344-5422

