

**GREAT AMERICAN ASSURANCE COMPANY**  
**Real Estate Professional Errors & Omissions Insurance**  
**EXPRESS Application - Montana**



*To be eligible for this application you must be able to answer "True" to statements 1-7 below.  
Please contact our office if you are not eligible for this program.*

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Contact: \_\_\_\_\_

*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.*

Date Established under Current Ownership: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**NEW ACCOUNT:** Desired Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Retroactive Date \_\_\_\_/\_\_\_\_/\_\_\_\_ **RENEWAL:** Expiring Policy # \_\_\_\_\_

***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. If you have coverage for any predecessor firm(s) on your current policy please provide a copy of the endorsement showing coverage for the firm.***

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

Number of professionals earning \$20,000/year or more: \_\_\_\_\_    Number of professionals earning less than \$20,000/year: \_\_\_\_\_

Annual # of Transaction Sides: \_\_\_\_\_ (on closed real estate sales)    Total Gross Revenue for prior 12 months: \$ \_\_\_\_\_

**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 the applicant company has been cancelled, refused insurance or declined by an insurance carrier during the last 5 years (except due to loss of market or non-payment of premium). <b>Notice to Missouri Residents Only: This question does not apply. You will be eligible if all other questions are answered True.</b>	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the company is involved in appraisal services, mortgage brokering, property management, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
4. No single client represents more than 50% of the applicant's gross revenue and no owner or agent of the company has an exclusive listing agreement with a builder/developer.	<input type="checkbox"/> True <input type="checkbox"/> False
5. The applicant's combined total gross revenues did not exceed \$600,000.00 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

**STEP 1: SELECT AND CIRCLE YOUR DESIRED REAL ESTATE E&O PREMIUM OPTION**

**MONTANA**

**Claim Expenses are Outside the Limits of Liability**

<b>Deductible (Loss &amp; Expense)</b>	<b>\$500,000/\$1,000,000</b>	<b>\$1,000,000/\$1,000,000</b>
\$0.00*	\$760	\$800
\$1,000.00	\$633	\$663
\$2,500.00	\$575	\$606
\$5,000.00	\$494	\$525

**STEP 1 TOTAL** (select one):

- One Year Policy Term Premium:** \$ \_\_\_\_\_ (enter premium selected above)
- Two-Year\* Policy Term Premium:** \$ \_\_\_\_\_ (premium selected x 2)

\* Two-year policy term option is not available with the \$0.00 deductible OR if Cyber Coverage is added to the policy in step 2 below. Policy limits are reinstated one year from the effective date. No renewal application will be required until the two-year term has expired.

**STEP 2: COMPLETE THIS SECTION AND CIRCLE DESIRED PREMIUM TO ADD CYBER COVERAGE OPTION, OR ENTER \$0 ON PAGE 3 TO REJECT CYBER COVERAGE**

**Statement 8. below must be answered “True” to be eligible for Express Cyber Coverage**

<p><b>8.</b> After inquiry, the applicant and anyone to whom this insurance will apply is not aware of any acts, errors or omissions which you have reason to believe could give rise to a cyber related claim or of any intrusion, malware or other IT security related event in the last five (5) years that resulted in you incurring legal, forensic or other related expenses.</p>	<p><input type="checkbox"/> <b>True</b>   <input type="checkbox"/> <b>False</b></p>
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NOTE: IT IS AGREED THAT ANY CLAIM, LOSS OR COSTS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, EVENT, ACT, TRANSACTION, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 8. IS EXCLUDED FROM COVERAGE.

***Express Cyber Extension Endorsement Includes the Following\*:***

- *Separate Limits, Deductible and Retroactive Date from the Real Estate E&O Policy*
- *Cyber Endorsement Limit Selected applies to Data Compromises and Claims for Wrongful Acts*
- *Claim Expenses are within, and reduce the Cyber Coverage Endorsement Limits*
- *Business Impersonation Sublimit – 25% of the Cyber Coverage Endorsement Limit*
- *Fraudulent Funds Transfer Sublimit – 25% of the Cyber Coverage Endorsement Limit*
- *Telecommunication Hacking Sublimit – \$100,000*
- *Reward Coverage Sublimit – \$25,000*
- *Waiting Period – 12 Hours for Network Disruption & Reputational Harm*

\* This is only an overview of the Express Cyber Endorsement. Please review the endorsement for all coverages, terms and provisions.

**Claim Expenses are Inside the Limits of Liability**

Deductible (Loss & Expense)	\$100,000/\$250,000	\$250,000/\$250,000	\$500,000/\$500,000
<b>\$1,000</b>	<b>\$575</b>	Not Available	Not Available

**THE TWO-YEAR POLICY TERM OPTION IS NOT AVAILABLE IF CYBER COVERAGE IS ADDED TO THE POLICY**

*If you have a current cyber policy, please include a copy of your current declarations page so we may carry over the prior acts coverage.*

**STEP 2 TOTAL** \$ \_\_\_\_\_ (Enter Cyber premium selected above OR ENTER \$0 to REJECT cyber coverage)

**STEP 3: CALCULATE YOUR TOTAL AMOUNT DUE AND REMIT WITH YOUR APPLICATION**

ADD TOTAL FROM STEP 1 + STEP 2:

STEP 1 Real Estate Premium Option: \$ \_\_\_\_\_

+

STEP 2 Cyber Coverage Option: \$ \_\_\_\_\_ (Enter \$0 to REJECT Cyber Coverage)

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

**DISCLAIMER**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.**

The undersigned is authorized by, and acting on behalf of, the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the Applicant's professional liability coverage.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*To bind coverage please send the completed application and check to your agent listed below:*



The Herbert H. Landy Insurance Agency Inc. | 100 River Ridge Drive | Suite 301 | Norwood, MA 02062  
Tel: (800) 336-5422 | Fax: (800) 344-5422 | [www.landy.com](http://www.landy.com)