



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



To be eligible for this application you must be able to answer "True" to statements 1-7 below. Please contact our office at 800-336-5422 if you are not eligible for this program. The coverage for which you are applying is limited to claims first made and reported to the Company during the Policy Period as stated in the Declarations or any applicable Extended Reporting Period.

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 this application and the premium options shown below you must be able to answer "True" to statements 1-7 below.

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). Notice to Missouri Residents Only: This question does not apply. You will be eligible if all other questions are answered True.	<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

Select and Circle Your Premium Option and Remit with Your Application

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

Claim Expenses are Outside the Limits of Liability

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
\$0.00*	\$630	\$660	\$730	\$760	\$800
\$1,000.00	\$508	\$536	\$597	\$633	\$663
\$2,500.00	\$450	\$479	\$540	\$575	\$606
\$5,000.00	\$369	\$398	\$458	\$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

8. 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.	<input type="checkbox"/> True <input type="checkbox"/> False
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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
\$1,000	\$575	Not Available	Not Available

YOU MAY NOT SELECT CYBER COVERAGE LIMITS GREATER THAN YOUR REAL ESTATE E&O POLICY LIMITS. 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: \$ _____

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

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:



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



Premium Payment Options

If Applicable Please Enter:

Applicant Name: _____

Policy Number: _____

Account Number: _____

To avoid a gap in your insurance protection we must receive payment by the policy effective date.

Option 1: Mail your check for the **Annual Premium (including all applicable state taxes and surcharges)** payable to the **Herbert H. Landy Insurance Agency Inc.**, 100 River Ridge Drive, Suite 301, Norwood, MA 02062.

Option 2: Sign and complete this form to authorize **Herbert H. Landy Insurance Agency Inc.** to make a onetime debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated. . This is permission for a **single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.**

*******Please fax this form to 800-344-5422 or email to payment@landy.com*******

Please complete the information below:

I _____ authorize **Herbert H. Landy Insurance Agency Inc** to charge my bank account

Indicated below for \$ _____ (**Annual Premium or deposit if financing including all applicable state taxes and surcharges**) + **\$25.00 Non-refundable Convenience fee**

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account within a processing window of 1 to 7 business days from the time The Herbert Landy Insurance Agency is in receipt of this signed and dated form . In the case of the payment being rejected for Non Sufficient Funds (NSF) I Agree The **Herbert H. Landy Insurance Agency Inc** may at its discretion attempt to process the charge again, once for an additional **\$25.00** NSF fee. The charge will be initiated as a separate transaction from the authorized payment. If the payment is rejected a second time, Certified funds will be required and will include an additional \$50.00 fee for the two previously rejected transactions. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute The **Herbert H. Landy Insurance Agency Inc** billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Option 3: Premium Financing is provided by Imperial Premium Financing Specialist Inc. An initial minimum down payment of 20% will be required. The balance will be financed over 9 months. If you would like to finance your premium please either mail your check made payable to the Herbert H. Landy Insurance Agency for your down payment or use option #2.

Note: If you are purchasing an Express two year policy; two financing options are available to you:

1. Finance each year individually with a 20% D/P and 9 installments.
2. Finance the full 2 year premium with a 25% D/P and 12 installments.

If you have any questions, or need further assistance please do not hesitate to contact us.

The Herbert H. Landy Insurance Agency Inc.
100 River Ridge Drive | Suite 301 | Norwood, MA 02062
Tel: (800) 336-5422 | Fax: (781) 449-7908
www.landy.com