ERRORS AND OMISSIONS INSURANCE

Real Estate Agents & Brokers

Appraisal Firms, Auctioneers & Property, Managers



"Protecting your good name as if it were our own"

New Policy Features

- Drone usage Bodily Injury/Property Damage coverage*
- Fraudulently Induced Fund Transfer Coverage of \$25,000 included with the policy*
- Sellers Shield™ deductible waiver (where available)*
- \$0 (Zero) deductible option for Real Estate Express Application*
- Expansion of revenue criteria on Real Estate Express Application*

Policy Coverage Features

- Public Relations Crisis coverage \$15,000 per Incident/\$30,000 per policy period
- Disciplinary Actions \$10,000 each action/\$50,000 per policy period
- Subpoena Assistance \$25,000 per policy period
- Security Incident \$15,000 per incident/\$30,000 per policy period
- Coverage for claims made by regulatory agencies
- Fair Housing Discrimination \$500,000 included at no additional premium with higher limit options available
- Two-Year Policy option for Real Estate Express insureds reinstating policy limits and locking in premium (not available in all states)
- Open House coverage applies to Bodily Injury and Property Damage full policy limits
- Multiple Deductible Reduction options & built-in Deductible Waiver
- Pollution coverage Failure to Disclose full policy limits
- Optional coverage for Mortgage Brokers, Construction Development, Business Brokers and Employment Practices Liability
- Non-profit Directors & Officers coverage \$15,000 per claim/\$30,000 per policy period
- Unlimited Claim Expenses (except in NY & CA)
- Unlimited retiree, Death or Disability Extended Reporting Period options
- Lock box coverage applies to Bodily Injury and Property Damage full policy limits
- Owned Property coverage
- Coverage for Residential & Commercial Right-of-Way appraisals
- Coverage for Residential Construction/Land Development appraisals & available for Commercial appraisals
- Confidential Legal Hotline included with the policy



^{*} Available in most states with effective dates of 11/1/17 or later, pending state approval.



Professional Liability Insurance Program Questionnaire

Complete this questionnaire, fax it to 1-800-344-5422, and we will provide you with a Premium Indication. If you have any questions, please contact us at 1-800-336-5422.

Name of Firm:	Number of Professionals in Firm (including yourself)		
Contact Person:	Full-Time	Part-Time	Total
Street Address:			
City: State: Zip:	Professionals are defined as: Owners, Partners, Officers, Real Estate Brokers, Agents, Salespersons, Appraisers, Property Managers, Consultants, or Auctioneers including contractors		
Phone: () Fax: ()	for whom coverage is		
Email:	Part-time Professional	! = Earning \$20,000	or less annually
What year was the firm established:			
Requested Effective Date:/ If there is no insurance currently in force, the effective date must be today's date or later.	Firm's total gross re		
Applicant or Firm is a: \square Sole Proprietor \square Partnership	fiscal period: \$		_ <u></u>
☐ Independent Contractor ☐ Corporation			7
How many Professionals have a Professional Designation:	Please provide commi estimate commissions		
GRI, Broker, Associate Broker, MAI, Etc.		. Special spec	# of Transaction Sides
How many Professionals participate in annual continuing education programs:	Residential Sales Include residential rau and farm sales		
Average number of years of experience of the Professionals in the Firm:	Commercial Sale	es:	
Does the Firm offer a Home Warranty Program at all closings? ☐ Yes ☐ No	farm/industrial zoned Appraisals	property	
Percent of Dual Agency:		. ¢	
	Property Manag	ement \$	
Insurance History:	Other Please describe Other:		
a. Current Insurance Company:		\$	
b. Expiration Date or Requested Date of Coverage:/		- who	d)
c. Retroactive Date of Current Policy:/	Are you aware of an	y claim (s) mad	le against the firm
d. Current Annual Premium:	or anyone to whom this insurance would apply within		
e. Requested Policy Limits:	the past five years?	☐Yes	☐ No
	If yes, please request our Claim Supplement.		
This is not an Insurance Binder. The information that you provide or	this form is used to provi	do o promium inc	liection only
Coverage approval and the final premium are subject t	_	_	neation omy.
of the application and applica		and acceptance	
Signature	Date S	igned:/_	
-	-	- , -	•



