



1st Choice SM

Real Estate Services Professional Liability Coverage Application

Travelers Casualty and Surety Company of America

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

DEFENSE EXPENSES MAY BE INCLUDED WITHIN THE LIMITS OF COVERAGE AND DEDUCTIBLE.

IMPORTANT NOTE – NEW YORK: DEFENSE EXPENSES MAY REDUCE UP TO 50% OF THE LIMITS OF COVERAGE, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured: _____ Today's Date: _____

"Trade" or "Doing Business As" Name(s): _____

Mailing Address: _____

Physical Address (if different): _____

Primary Contact Name and Title: _____

Telephone Number: _____ Fax Number: _____ Email Address: _____ Web Address: _____

Type of Legal Entity:
 Individual General Partnership Limited Partnership
 Corporation Limited Liability Company Other: _____

Proposed Effective Date (mm/dd/yyyy): _____ Proposed Expiration Date (mm/dd/yyyy): _____ Date Business Started: _____

List all other office locations: _____ List all states where professional services are provided, and indicate the percentage of total revenue for such services in each state: _____

APPLICANT INFORMATION

1. Provide the following information for all owners and managers:

Name	Position	Professional Designations / Certifications	Percentage of Ownership (Must Equal 100%)	Year First Licensed/Certified	Number of Years Managing This Firm
				Agent: Broker:	
				Agent: Broker:	
				Agent: Broker:	
				Agent: Broker:	

2. How many owners, employees, and independent contractors are performing professional services for the firm?

Full Time: _____ Part Time: _____ Average Years of Experience: _____

3. Is the firm owned, managed, or controlled by any other entity? Yes No
If yes, please provide details in the Additional Information section at the end of this application.
4. Does the firm, or any member of the firm including any independent contractor, own, manage, or control any other entity, including any subsidiary? Yes No
If yes, please provide details in the Additional Information section at the end of this application, and complete the following:
- a. Does the firm or any member of the firm refer clients to such other entity? Yes No
- b. Is written disclosure of such ownership, management, or control provided to each client referred? Yes No
5. Complete the following chart for each service provided. If this is a start-up business provide projections.

Service	Most Recent 12 Months (Not Fiscal Year)		Prior 12 Months
	Number of Transactions	Gross Commissions and Fees	Gross Commissions and Fees
Residential: Sales		\$	\$
Leasing		\$	\$
Land and Lots		\$	\$
Vacation Rentals*		\$	\$
Property Management*		\$	\$
Appraising*		\$	\$
Auctioneering*		\$	\$
Commercial: Sales		\$	\$
Leasing		\$	\$
Land and Lots		\$	\$
Property Management*		\$	\$
Appraising*		\$	\$
Auctioneering*		\$	\$
Broker Price Opinions:		\$	\$
Other:		\$	\$
TOTALS:		\$	\$

* Indicates services that require the completion of the Other Real Estate Professional Services Additional Information Request.

6. Complete the following chart for Commercial Properties. If this is a start-up business provide projections.

Commercial Sales and Leasing	Most Recent 12 Months (NOT Fiscal Year)				
	Property Type	Sales		Leasing	
		Number of Transactions	Gross Commissions and Fees	Number of Transactions	Gross Commissions and Fees
a) Apartments/Condos/Co-Ops		\$		\$	
b) Hotels/Motels		\$		\$	
c) Industrial/Manufacturing		\$		\$	
d) Land		\$		\$	
e) Mixed Use Developments		\$		\$	
f) Retail Space		\$		\$	
g) Strip Malls/Shopping Centers		\$		\$	
h) Offices		\$		\$	
i) Warehouses		\$		\$	
j) Other:		\$		\$	
TOTALS:		\$		\$	

7. Complete the following chart for the most recent 12 months:

Property Type	Average Sale Price	Highest Sale Price	Number of transactions > \$1M
Residential	\$	\$	
Commercial	\$	\$	

8. Does anyone in the firm provide any of the following services:

a) Development/Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	e) Sale/Lease/Management of Time Shares	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Construction Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	f) Business Brokering	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Mortgage Brokering	<input type="checkbox"/> Yes <input type="checkbox"/> No	g) Condo/Association Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Formation/Management of REITS	<input type="checkbox"/> Yes <input type="checkbox"/> No	h) Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, is separate Errors and Omissions insurance in place for these services?..... Yes No

9. Is more than 10% of the firm's income derived from any one development, subdivision, or client? Yes No

10. For the most recent 12 months, has the firm, or any member of the firm including any independent contractor, provided professional services in conjunction with any property in which the firm or firm member had, or was seeking, an ownership interest? Yes No

If yes:

a. What percentage of the firm's total revenue was derived from professional services provided in conjunction with all such properties? _____ %

b. Was written disclosure of the ownership interest provided to the purchasers of any such properties? Yes No

11. For the most recent 12 months, has the firm, or any member of the firm including any independent contractor, provided professional services in conjunction with any foreclosed/REO property? Yes No

If yes:

a. What percentage of the firm's total transactions were provided in conjunction with all such properties? _____ %

b. Did the firm or any member of the firm arrange for the removal of personal property from such properties? Yes No

c. Were property management services performed on behalf of any lender in conjunction with such properties? Yes No

If yes to b. or c., was there a contract with the lender for such services? Yes No

12. For the most recent 12 months, what percentage of sales transactions included:

a. A signed seller's property disclosure statement? _____ %

b. A property inspection? _____ %

If property inspections are declined by the buyer, are such declinations required to be in writing? ... Yes No

13. For the most recent 12 months, indicate the percentage of sales transactions in which the firm, or any member of the firm including any independent contractor, acted as dual agent representing both buyer and seller: _____ %

Is this dual capacity disclosed in writing on all such transactions? Yes No

RISK MANAGEMENT

14. For the most recent 12 months, what percentage of professional staff, including independent contractors, participated in:

a. Continuing education courses exceeding state required minimums? _____ %

b. Risk reduction seminars? _____ %

15. Does the firm:
- a. Document each file with your recommendations and your client's instructions? 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 in-house legal counsel, legal counsel on retainer, or risk manager on retainer? Yes No
- If no to any of above, please provide details in the Additional Information section at the end of this application.*

PRIOR INSURANCE AND CLAIM HISTORY

16. Has any claim involving professional services been made against you, your firm, or any member of your firm during the past five years or earlier if still pending? Yes No
If yes, please attach a copy of the firm's professional liability loss runs for the past five years.
17. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim? Yes No
If yes, please complete a Claim, Suit, or Incident Additional Information Request for each incident, act, error, or omission.
18. Complete the following chart for professional liability insurance coverage carried during the past five years:
 Check here if none:

	Carrier	Policy Period	Limit Of Liability	Deductible Amount	Premium	Retroactive Date
Current year		to	\$	\$	\$	
Prior Year 1		to	\$	\$	\$	
Prior Year 2		to	\$	\$	\$	
Prior Year 3		to	\$	\$	\$	
Prior Year 4		to	\$	\$	\$	

19. Has any member of the firm, including any independent contractor, ever had their professional license revoked, suspended, been formally reprimanded, or been the subject of a disciplinary action? .. Yes No
If yes, please provide details in the Additional Information section at the end of this application.
20. Has any person or entity seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance nonrenewed or cancelled, including for nonpayment of premium? (Missouri applicants: Do not complete) Yes No
If yes, please provide details in the Additional Information section at the end of this application.

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverage of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

SIGNATURES

I declare that I have examined this application and accompanying supplements and materials, and to the best of my knowledge and belief, after reasonable inquiry, they are true, correct, and complete, and may be relied upon by Travelers. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify Travelers of such changes and that Travelers may modify or withdraw any proposal for insurance. Travelers is authorized to make inquiry in connection with this application.

Authorized Representative Signature:*	Authorized Representative Name - Printed:	Date:
X		
Producer Signature: *	State Producer License No. (required in FL):	Date:
X		
Agency:	Agency Contact:	Agency Phone Number:

*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference section name and question number.