

NORMAN-SPENCER AGENCY, INC.
REAL ESTATE ERRORS AND OMISSIONS INSURANCE PROGRAM

Real Estate Instant Rater Application

All states except AK, CA, CO, HI, ID, IA, KY, LA, MS, NE, NM, NY, ND, RI, SD, TN, & WV

Name of Applicant: _____

dba (if any): _____

Name of Principal Broker: _____ Principal Contact Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Telephone Number: _____

Date Agency Established: _____ (month/year) E-Mail Address: _____

In lieu of mailing my policy, you may email my policy to this address. I agree to receive an electronic copy of my application with my policy.

Desired Effective Date: _____ (mm/dd/yy)

Entity Type: Sole Proprietor Corporation Partnership Independent Contractor Other: _____

PROGRAM ELIGIBILITY

The responses to Questions 1 – 6 below must all be “No” to be eligible for this program and the premiums indicated.

1. Has the applicant's total gross revenue for the past three (3) fiscal years combined exceeded \$450,000? YES NO
2. Does the applicant provide any services involving property management, commercial real estate sales, commercial leasing, business brokerage, appraisals, construction, development, mortgage brokerage or escrow services? YES NO
3. Does the applicant or any agent have any exclusive listing agreements with a builder or developer? YES NO
4. Has any owner, agent or member of the applicant been subject to a criminal conviction or had their license suspended or revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body during the past five (5) years? YES NO
5. Is any owner, agent or member of the applicant aware of any errors and omissions claim(s) made against them within the past five (5) years or are they aware of any circumstance, situation, act, error, omission or Personal Injury which could reasonably be expected to be the basis of a claim being made against them or the applicant..... YES NO
6. Has any owner, agent or member of the applicant been refused insurance, been canceled, non-renewed or declined during the past five (5) years, except due to loss of market? **Notice to Missouri Residents: This question does not apply.** YES NO

If you answered “YES” to any of the above questions we require further information about your firm. Please visit our website at www.norman-spencer.com/programs/real-estate-ee to complete a full application and for further information about our program.

7. Does the applicant currently maintain Real Estate Errors And Omissions Insurance? If so, please submit a copy of your Declaration page and all endorsements, so that we may consider prior acts coverage. YES NO

Please select your desired Limit and Deductible from the premium table below.

Premium Table	Limits of Liability		
Deductible Loss & Expense	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$1,000	\$600	\$650	\$670
\$2,500	\$500	\$550	\$600

Step 1. Desired Limits of Liability: \$ 500,000/\$500,000 \$ 500,000/\$1,000,000 \$1,000,000/\$1,000,000

Step 2. Desired Deductible: \$1,000 \$2,500

Step 3. Premium: _____ Enter the premium for your desired Limit and Deductible, from the table above.

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A state tax or assessment may apply to your state. Please complete the Payment Calculation Sheet to determine the final payment due.

NOTICE

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

FRAUD WARNINGS

Notice to Applicants of all states except Florida, New Jersey, Oklahoma, Oregon, Pennsylvania, Virginia, Washington and D.C.: 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 purpose 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 Florida Applicants: 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.

Notice to New Jersey Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oklahoma Applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Oregon Applicants:

Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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.

Notice to Virginia 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 include imprisonment, fines and denial of insurance benefits.

Notice to Washington and Washington D.C. 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 include imprisonment, fines and denial of insurance benefits.

I declare that the information provided in this application is true and accurate to the best of my knowledge, I have not withheld or misstated any material facts, and I will notify the company if the information on this application changes between the date of this application and the effective date of any insurance provided. I agree that this application does not bind the company to issue or the applicant to purchase the insurance. I further agree that this application shall be the basis of the contract and will attach to the policy of insurance should a policy be issued.

Name: _____

Signature: _____ Date: _____

Please note that the application must be signed and dated by an owner or officer of the applicant.

For Florida Insurance Agents Only:

Insurance Agent or Producer's Name: _____ License Number: _____

For New Hampshire Insurance Agents Only:

Insurance Agent or Producer's Name: _____ Insurance Agent or Producer's Signature: _____