

Return application to:
CB Malaga Insurance Services LLC
tel: 877-245-5887
fax: 805-426-8540
email: info@reproinsurance.com

NOTICE: This is an application for a "Claims-Made" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.

Applicant Name: _____ <i>(Company name including all dba's or trade names if applicable)</i>	
Principal Street Address: _____	
City, State, Zip: _____	
Mailing Address (if different): _____	
Email: _____	Website: _____
Contact: _____	Telephone #: (_____) _____ Fax #: (_____) _____

1. Applicant company type: Corporation/LLC Independent Contractor Sole Proprietor Partnership/LLP

2. a. Date Applicant firm was established: _____ b. Year current owner assumed management: _____

c. Number of years owner licensed as an agent: _____ as a broker: _____ as an appraiser: _____

3. Is the applicant owned, associated, or controlled by any other business, investment group or syndication? Yes No

If Yes, Please provide the name of the entity(s) and the nature of the relationship:

4. During the past 5 years:

a. Has the Applicant undergone a change in operations, including any merger or acquisition? Yes No

If Yes, please complete the Purchase / Merger Supplement

b. Has any principal, partner, director, officer or professional of the Applicant performed professional services for any other business in which the applicant has any ownership or managerial interest? Yes No

If Yes, provide details on a separate sheet.

5. Does the Applicant:

a. Have any single client responsible for more than 25% of the firm's annual income? Yes No

If Yes, provide details on a separate sheet.

b. Transact business in multiple states or outside of the United States? Yes No

If Yes, provide details on a separate sheet, including the percent (%) of total gross revenues from each state or country.

c. Perform or intend to perform professional services for REITS or property syndications? Yes No

If Yes, what is the percentage of the gross commission income derived from these services? _____%

6. Indicate the total number of: a. full time professionals: _____ b. part time professionals: _____ c. inactive professionals: _____

*** Professionals are defined as:** Owners, Partners, Officers, Real Estate Brokers/Agents/Salespersons, Appraisers, Property Managers, Consultants or Auctioneers including independent contractors.

7. Do at least 15% of all professionals hold a professional designation? (i.e. GRI, CRS, CRE, ABR, MAI, SRA) Yes No

8. Does the Applicant have a formalized training program for all professionals and staff? Yes No

9. Indicate the number of professional employees who participated in an accredited, continuing professional education program during the past 12 months. _____

10. Provide the firm's gross revenues from the last fiscal year. If newly established, please provide an estimate of revenues for the current annual period (Gross revenues are defined as all fees and commissions before expenses):

	Gross Revenues for Last Fiscal Year Ending ____/____/____	Total # of Transactions	Revenue for the 12 months Prior to the last Fiscal Year
Residential:			
Sales & Leasing	\$ _____	_____	\$ _____
Owned Property Sales	\$ _____	_____	\$ _____
Land and Lots	\$ _____	_____	\$ _____
Broker Price Opinions	\$ _____	_____	\$ _____
Commercial:			
Sales & Leasing	\$ _____	_____	\$ _____
Owned Property Sales	\$ _____	_____	\$ _____
Land and Lots	\$ _____	_____	\$ _____
Farm Land / Ranch Sales	\$ _____	_____	\$ _____
Other Services:			
Appraisals*	\$ _____	_____	\$ _____
Property Management*	\$ _____	_____	\$ _____
Business Brokering*	\$ _____	_____	\$ _____
Auctioneering*	\$ _____	_____	\$ _____
Mortgage Brokering*	\$ _____	_____	\$ _____
Construction / Development*	\$ _____	_____	\$ _____
Consulting / Counseling*	\$ _____	_____	\$ _____
Other Real Estate Services*	\$ _____	_____	\$ _____
TOTAL:	\$ _____	_____	\$ _____

* If the Applicant has revenue derived from any "Other Services" listed above, please complete the Other Services Supplement

11. Does the Applicant use approved board of REALTORS® or state association of REALTORS® standard contract forms for the listing and sale of all real estate? Yes No N/A If No, please explain.
12. Does the Applicant have documented procedures which include instructions on how to handle complaints and compliance with Federal, State and local statutes? Yes No
13. What percentage of transactions involve acting as: a. a dual agent? _____% b. an intermediary? _____%
c. a transactional broker? _____%
14. Is a written Agency Disclosure Statement used in all transactions and provided to the client? Yes No N/A
15. What percentage of residential transactions included a: a. Signed property disclosure form? _____%
b. Home warranty program? _____% c. Home inspection or written waiver? _____%
16. In the past year what was the average sales price of residential properties sold by applicant? \$ _____ N/A
17. Please list the 3 largest sales in the past 3 years: \$ _____ ; \$ _____ ; \$ _____ N/A
18. Are hotels, motels or mobile home/RV parks sold, leased or managed by the Applicant firm? Yes No N/A
If Yes, what is the percentage of the gross commission income derived from these services? _____%
19. For any bank owned properties where you represent the buyer, do you advise the buyer in writing to have the property inspected by a licensed and insured home inspector prior to purchase? Yes No N/A

20. During the past 3 years:

- a. Has any member of the firm engaged in acquiring the properties or deeds of financially distressed homeowners, including sale – leaseback agreements? Yes No N/A
- b. Has any member of the firm been involved in asset or property preservation services including any incidental repair work on bank owned properties? Yes No N/A
- c. Has any member of the firm been involved in property rehabilitation services on bank owned properties? Yes No N/A
If Yes to parts b. or c. of this question, were all such repairs performed by a licensed contractor? Yes No
- d. Has any member of the firm engaged in any eviction services on pre-foreclosed or bank owned properties? Yes No N/A
If Yes, was the preparation, filing and service of the eviction complaint and obtaining the eviction judgment handled by an attorney? Yes No

21. After inquiry, is the Applicant, or anyone to whom this insurance will apply, aware of any:

- a. Professional Liability claim made against them in the past 5 years? Yes No
- b. Act or omissions in the performance of professional service for others which might reasonably be expected to be the basis of a claim or suit against them? Yes No
- c. Complaint, disciplinary action, investigation or license suspension/revocation by any regulatory authority? Yes No
- d. Changes in any claims previously reported on past applications? Yes No

If Yes to any part of question 21, please complete the Claim / Disciplinary Action Supplement

IMPORTANT NOTE: The applicant’s disclosure of claim information does not indicate nor imply, in any way, that any act or omission is covered by this policy. In addition, circumstances or incidents that might reasonably be expected to be the basis of a claim MUST be reported to the applicant’s current insurer before the claim reporting period expires.

QUESTIONS 22-24 MUST BE COMPLETED BY NEW BUSINESS APPLICANTS ONLY

22. **Notice to Missouri Residents: This question does not apply** During the past 5 years has any insurance carrier declined, canceled or refused renewal of similar insurance on behalf of this applicant or anyone to whom this insurance will apply (Other than due to loss of market)? Yes No **If Yes, provide details on a separate sheet and include the date, carrier and reason.**

23. List Previous Professional Liability Coverage policies this individual, firm or predecessors of firm have held within the last 5 years. If no insurance was in effect for a given year, state “none” where applicable below:

Company	Policy Period	Limit of Liability	Deductible	Premium	Retro Date
_____	_____ to _____	_____	\$ _____	\$ _____	_____
_____	_____ to _____	_____	\$ _____	\$ _____	_____
_____	_____ to _____	_____	\$ _____	\$ _____	_____
_____	_____ to _____	_____	\$ _____	\$ _____	_____
_____	_____ to _____	_____	\$ _____	\$ _____	_____

24. Has the applicant ever purchased an extended reporting period endorsement? Yes No
If Yes, please provide details to include the date, carrier and reason:

25. Coverage Selection:

- a. Limits of Liability: Per Claim _____ Policy Aggregate _____
- b. Deductible: _____ Loss Only Loss and Claims Expenses
- c. Desired Policy Effective Date: _____/_____/_____

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.

ARKANSAS, LOUISIANA AND WEST VIRGINIA 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.

COLORADO FRAUD WARNING: 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 benefits, and/or civil damages. In Colorado, 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.

D.C. FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: 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.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

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

MINNESOTA FRAUD WARNING: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NEW MEXICO 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 civil fines and criminal penalties.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA 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.

TENNESSEE FRAUD WARNING: 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.

VIRGINIA AND WASHINGTON FRAUD WARNING: 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.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. 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 Real Estate professional liability coverage.

Print Name

Title

Signature

Date

Florida, Iowa and New Hampshire Agents Only, please provide the following: License # _____

Agent or producer name _____ Signature: _____

CBMALAGA
Insurance Services LLC

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Thousand Oaks, CA 91360
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email: info@reproinsurance.com





GREAT AMERICAN ASSURANCE COMPANY
Real Estate Professional Liability Insurance
Other Services Supplement

Please complete only the sections that apply to services performed by the Applicant or Insured

Name of Applicant or Insured: _____

Real Estate Appraisal Services

1. Complete the following for each owner or appraiser performing services on behalf of the Applicant (use separate sheet if needed):

Name	Year Licensed / Certified	Prof. Designations / Certifications	Years with Firm	Type
				<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Trainee / Apprentice
				<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Trainee / Apprentice
				<input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Trainee / Apprentice

2. Does the Applicant use a written agreement that outlines the scope of the assignment, the duties of the appraiser and the fees charged for such services? **Yes** **No**

3. Does the Applicant always use standard appraisal forms that comply with USPAP? **Yes** **No**

4. Please list the 3 highest value appraisals performed in the past 3 years: \$ _____ ; \$ _____ ; \$ _____

5. Please provide the revenue for each type of appraisal performed in the last fiscal year (ending ____/____/____):

Type of Appraisal	Gross Revenues for Last Fiscal Year	Type of Appraisal	Gross Revenues for Last Fiscal Year
Single Family Dwellings	\$ _____	Commercial / Industrial Property	\$ _____
Multi-Family Dwellings	\$ _____	Shopping Center / Retail Store	\$ _____
Residential Lots	\$ _____	Land Development / Subdivisions	\$ _____
Review Appraisals	\$ _____	Agriculture / Farm / Ranch	\$ _____
Flood Zone Certifications	\$ _____	Construction Phase Inspections	\$ _____
Estate or Tax Purposes	\$ _____	Condemnation / Eminent Domain	\$ _____
Other _____	\$ _____	Right-of-Way	\$ _____

Real Estate Auctioneering Services

1. How many years of auctioneering experience does the Applicant have? _____

2. Does your State require that you be licensed to auction real estate? **Yes** **No**

If Yes, in what year did you obtain your license? _____

3. Does the Applicant provide any written guarantee relating to the condition of the properties being auctioned? **Yes** **No**

4. Does the Applicant always put the properties to be auctioned on display for inspection prior to the auction? **Yes** **No**

Property Management Services

1. Does the Applicant enter into a contract with each property owner? Yes No
2. Is a budget prepared for each property managed? Yes No
3. Does the Applicant obtain a credit report and perform a background check for each prospective tenant? Yes No
4. Are standard management and lease agreements used for all properties? Yes No
5. Does the Applicant hire contractors to provide services for any managed properties? Yes No
If Yes, does the applicant require certificates of insurance from each contractor? Yes No
6. What is the Applicant’s average authority for capital improvements, repairs, etc.? \$_____
7. Does the Applicant require liability insurance to be in place for all properties managed? Yes No
8. Indicate the number of property managers who hold professional designations related to P.M.: _____
9. Please provide a breakdown of the types of properties managed, revenues and ownership interest:

Property Type	Number of Units / Sq. Ft.	Gross P.M. Income	% Ownership (if any)
1-4 Family Residential	# Units:	\$	%
Apartments/ Condominiums	# Units:	\$	%
Home Owners Associations	# Units:	\$	%
Shopping Centers / Warehouses	Sq Ft:	\$	%
Office Buildings / Commercial	Sq Ft:	\$	%
Other:_____		\$	%

Mortgage Brokering Services

1. How many years of mortgage brokering experience does the Applicant have? _____
2. In what State(s) are you licensed to perform mortgage brokering services? _____ N/A
3. Indicate the percentage of loans which are:
 - a. Residential: _____%
 - b. Commercial: _____%
 - c. Other: _____% please specify: _____
4. What was the largest single mortgage brokered in the past 12 months: \$_____
5. In transactions where the Applicant serves as both the real estate agent /broker and the mortgage broker, does the Applicant inform the client that they are under no obligation to use the Applicant’s mortgage broker services? Yes No
6. Does the Applicant have any form of discretionary loan making or loan underwriting authority? Yes No
If Yes, please explain:

Construction Development / Ownership Interest Services

1. Has the Applicant, or any of its agents, sold or listed for sale any properties that were developed or constructed by a separate business entity owned by the firm, any of its agents or the spouse or domestic partner of an agent or owner? **Yes** **No**

If Yes, please provide the following:

- a. Name of the business entity: _____
- b. Percentage of the business entity owned by the firm or agent: _____%
- c. Percentage of the business entity owned by the spouse or domestic partner: _____%
- d. Number of years the entity has been in business: _____
- e. Number of years the entity has operated in the same geographic area: _____
- f. Number of years of construction development experience by key personnel: _____
- g. Types of properties developed or constructed by the business entity: Residential Commercial

2. For the past 12 months, please provide the amount of gross commission income (GCI) derived from the sale of properties associated with the separate business entity described in question 1. above:

Residential Property GCI: \$_____ Commercial Property GCI: \$_____

3. During the past 5 years has the Applicant or any of its agents:

- a. Had any claims made against them involving the entity mentioned above? **Yes** **No**
- b. Have knowledge of any act or omissions which might reasonably be expected to be the basis of a claim against them involving the entity mentioned above? **Yes** **No**

If Yes to part a. of question 3 above, please complete a Claim Supplement for all claims.

If Yes to part b. of question 3 above, provide details below:

Real Estate Consulting / Counseling Services

1. Briefly describe the nature and type of real estate consulting and/or counseling provided by the Applicant within the past year (use a separate sheet if necessary):

Business Brokerage Services

1. Please provide the Name and the years of **business brokerage** experience for each agent or broker who is involved in the sale of business opportunities:

Agent or Broker's Name	Years of Business Brokering Experience

2. Is the Applicant, or the agent or broker responsible for the sale of the business, involved in the valuation of the business being sold? **Yes** **No**

3. Does the Applicant disclose to the purchaser in writing that there is no certainty or assertion of any future business value or income? **Yes** **No**

Please provide a copy of the standard disclosure form and any other forms, waivers or disclosures used by the Applicant during the negotiation and sale of Business Opportunities.

4. Does Applicant provide a written recommendation that each party retain an attorney and an accountant for the purpose of performing a due diligence review; including evaluation of the income, expenses and feasibility of the sale/purchase of the business operations? **Yes** **No**
5. Does Applicant have a written policy prohibiting agency personnel from making recommendations regarding attorneys and accountants selected? **Yes** **No**
6. Briefly describe the number and types of Business Opportunities arranged, negotiated or sold by the Applicant within the past three years (use a separate sheet if necessary):

Other Real Estate Services

1. Briefly describe the nature and type of other real estate related services provided by the Applicant within the past year (use a separate sheet if necessary):

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I understand that the information submitted in this supplement becomes a part of my Real Estate Professional Liability Insurance application and is subject to the same representations and conditions.

Print Name

Title

Signature

Date

Florida, Iowa and New Hampshire Agents Only, please provide the following: License # _____

Agent or producer name _____ Signature: _____