

To be eligible for this application you must be able to answer "True" to statements 1-7 below. 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: _____ Website: _____

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. Please contact our office if you are not eligible for this program or need coverage for services not offered under the Express program.

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 nonpayment of premium).	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the company is involved in appraisal services, business brokering, mortgage brokering, property management, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
4. No owner, agent or member of the company has an exclusive listing agreement with any builder or developer.	<input type="checkbox"/> True <input type="checkbox"/> False
5. The applicant's combined total gross revenues for the last two (2) year period did not exceed \$600,000 (gross revenues are defined as all fees and commissions payable to employees and independent contractors before expenses).	<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

Turn to Page 2 to Select and Circle Your Premium Option and Remit With Your Application

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

ARKANSAS

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

One Year Policy Term Premium: \$ _____ (enter premium selected above)

Two-Year* Policy Term Premium: \$ _____ (use premium selected above and multiply by 2)

** Two-year policy term option is not available with the \$0.00 deductible. Policy limits are reinstated one year from the effective date. No renewal application will be required until the two-year term has expired.*

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 (including all taxes/surcharges, if applicable) to your agent listed below:

CBMALAGA
Insurance Services LLC

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



CBMALAGA

Insurance Services LLC

Premium Payment Options

Premium Option Selected on Application: \$ _____
Processing Fee: \$ **50.00**
Total Due (Premium + Processing Fee): \$ _____

The completion of this form and remittance of payment does not bind coverage. Coverage binding is subject to approval by the insurance company.

OPTION 1 – PAYMENT BY CHECK

Mail your signed application and check payable to **CB Malaga Insurance Services LLC** to the following address:

**Ms. Marie Meggs
CB Malaga Insurance Services LLC
212 W Ironwood Dr. Ste D #176
Coeur d'Alene, ID 83814**

OPTION 2 – PAYMENT BY CREDIT CARD

Send us a copy of your signed application either by **email at info@reproinsurance.com** or by **fax at (805) 426-8540** and complete the following:

Credit Card Number: _____ Name on Card: _____

Card Verification Code: _____ Expiration Date: ____ / ____

Billing Address: _____

City: _____ State: _____ Zip: _____

I authorize CB Malaga Insurance Services LLC to charge my credit card provided herein for the agreed amount listed above. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Print Name: _____ Signature: _____ Date: _____