



# AMIS / Alliance Marketing and Insurance Services

PO BOX 567  
 San Marcos CA 92079-0567  
 Phone: (760) 471-7116 / (800) 843-8550  
 FAX: (760) 471-9378 / (800) 573-8550

Surplus Lines Broker License: 0E22579  
 bwest@amiscorp.com  
 www.amisinsurance.com

## Real Estate Agent/Broker Application

1. Company Name  
 (Applicant): \_\_\_\_\_

2. List all states in which the Applicant operates: \_\_\_\_\_

3. If Applicant has more than one office location, please identify each office location and the number of employees at each:  
 \_\_\_\_\_

4. Is there any pending or planned change in the name of the Applicant or any pending or planned merger or acquisition?  Yes  No

If Yes, please provide a full explanation on a separate sheet of paper.

5. Complete the following for each principal, partner, director or officer. Use a separate sheet of paper, if necessary.

Name	Title	Current Status of License	Year First Licensed/ Certified as Real Estate	Professional Designations	License Ever Revoked or Suspended
		Active Inactive	Agent: _____ Broker: _____ Other: _____		Yes No
		Active Inactive	Agent: _____ Broker: _____ Other: _____		Yes No

6. Staff:

	Number
Principles, Partners, Directors, Officers:	_____
Full-Time Real Estate Professionals:	_____
Part-Time Real Estate Professionals:	_____
Other Professionals; explain:	_____
Non-Professional Employees:	_____
<b>Total:</b>	_____

7. What percentage of the Applicant's revenue is derived from the following?

<b>Professional Service</b>	<b>Revenue %</b>	Property) _____	
Residential Real Estate Sales	_____	Real Estate Leasing (Owned Property)	_____
Farm and/or Ranch Sales	_____	Real Estate Consulting/Counseling	_____
Land Lot Sales	_____		
<b>Professional Service</b>	<b>Revenue %</b>	Appraisal	_____
Title Searching, Abstracting, or Agency	_____	Property Management (Non-Owned Property)	_____
Escrow Agency	_____	Property Management (Owned Property)	_____
Property Inspection Services	_____	Property Management (Condominium)	_____
Commercial, Industrial, Income Property Sales	_____	Other: _____	_____
Business Opportunity Brokerage	_____		
Real Estate Leasing (Non-Owned)	_____		
<b>Total (must equal 100%)</b>	_____		



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8. Is the Applicant a member of any Franchise organization?  Yes  No

If Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is the Applicant or any subsidiary, parent, or other related organization engaged in:  
a. Real Estate Development or Construction?  Yes  No

If yes, please complete the Affiliated Builder/Developer Supplemental.

b. The formation, management or organization of group investment, syndications, (including but not limited to partnerships, general partnerships, real estate investment trusts or corporation)?  Yes  No  
c. Is the applicant the exclusive sales agent for any development/community ?  Yes  No

10. During the last three years, has the Applicant engaged in any transactions as a real estate agent or broker in which the Applicant, or any director, officer, partner, principal or employee of the Applicant, has had a direct or indirect beneficial ownership interest as buyer or seller of real property?  Yes  No  
If Yes, please explain on a separate sheet of paper.

11. a. What is the average value of the properties sold by the Applicant? \$ \_\_\_\_\_  
b. Please set forth the Applicant's five (5) largest transactions including the values:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is more than 10% of the Applicant's commission derived from the sale of real estate at any one location or development?  Yes  No  
If Yes, please provide details on a separate sheet of paper.

13. Please set forth a) the Applicant's policy regarding the use of home inspections on residential transactions and b) provide an estimate of the percentage of transactions in which a home inspector is utilized:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.**

**THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.**

Applicant Signature: \_\_\_\_\_ Date (Mo-Day-Yr): \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_