



# AMIS / Alliance Marketing and Insurance Services

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## REAL ESTATE AGENTS/BROKERS PROFESSIONAL LIABILITY APPLICATION

1. Company Name (Applicant): \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Web Address: \_\_\_\_\_

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

3. Out of how many office locations does the Applicant operate? \_\_\_\_\_

4. How many years has the Applicant been in business? \_\_\_\_\_

5. Please indicate the gross commissions and fees the Applicant has earned for the following fiscal years for both the Applicant and any subsidiaries performing professional services sought to be covered under this policy:  
 Current Year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_ Next Year (projected): \$ \_\_\_\_\_

6. Complete the following for the Applicant's most senior principals, partners, directors or officers:

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

7. Please provide numbers of the following with respect to employee count:

Principals, Partners, Directors, Officers:	Other Professionals (explain):
Part-Time Real Estate Professionals:	Non-Professional Employees:
Full-Time Real Estate Professionals:	<b>Total Staff:</b>

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

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

9. 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own any other firm business enterprise, or is any merger or acquisition currently pending?  Yes  No  
If Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

11. Is the applicant the exclusive sales agent for any development/community?  Yes  No

12. Is the Applicant or any subsidiary, parent, or other related organization engaged in any real estate development or construction?  Yes  No

If Yes, please complete the Affiliated Builder/Developer Supplemental Application.

13. 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, other than those transactions referenced in 11.b.?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. 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:

\_\_\_\_\_

\_\_\_\_\_

15. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities?  Yes  No

If you answered Yes to the above question, please describe:

\_\_\_\_\_

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

16. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?  Yes  No

If you answered Yes to the above question, please describe including name of claimant; type of service provided and allegation made, date claim was made, demand amount and final disposition including indemnity and expense amount:

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

17. Does the Applicant or do the Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business?  Yes  No

If you answered Yes to the above question, please describe:

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

It is understood and agreed that if the answer to the previous three queries is Yes, any such claim or potential claim is specifically excluded from this proposed coverage.

18. List any industry associations/memberships with which the Applicant is affiliated:

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

19. Please indicate desired coverage terms.

Limit: \_\_\_\_\_  
Retention: \_\_\_\_\_  
Retroactive Date: \_\_\_\_\_

*If no retroactive date is selected, proposed coverage will begin on the policy effective date.*

**Please attach any special coverage requests.**

- 20. OPTIONAL: In order to best meet your coverage needs, please provide the following information about the Applicant's current policy.**

Carrier: \_\_\_\_\_  
Limit: \_\_\_\_\_  
Retention: \_\_\_\_\_  
Premium: \_\_\_\_\_  
Retroactive Date: \_\_\_\_\_  
Expiration: \_\_\_\_\_

Please attach any sample contracts, principals' resumes, or additional information we may find helpful in evaluating your risk.

**NOTICE TO APPLICANT: PLEASE READ CAREFULLY**

**Warranty:** The applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and

agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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

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

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