

FL- 135 REAL EST PI



IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THIS POLICY WILL BE WRITTEN ONLY FOR THE OCCUPATION SPECIFIED IN ITEM 2 OF THIS APPLICATION.

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT:				
ADDRESS:				
2. SPECIFY IF: [] REAL ES' SPECIFY IF: [] INDIVID	TATE AGENT [] REA UAL [] PAR	TNERSHIP	[] APPRAISER [] CORPORATION [] OTHER:	
3. LIMITS OF LIABILITY DESIRED: [] \$200,000/600,00	00 [] \$500,000/500,000	[] \$1,000,000/1,000,000	[] OTHER:	
4. DEDUCTIBLE: [] \$1,000 [] \$2,5000 [] \$5,000	[] \$10,000	[] OTHER:	
5. YEAR ESTABLISHED:				
6. DURING THE PAST FIVE YEARS MERGED OR CONSOLIDATED	HAS THE NAME OF THE APPLICANT WITH THE APPLICANT?	BEEN CHANGED, OR HAS ANY	OTHER BUSINESS BEEN PL	JRCHASED, YES [] NO []
	ROLLED BY, OWNED BY OR ASSOCIA	·	DRPORATION OR COMPAN	Y? YES[] NO[]
8. IS SIMILAR COVERAGE SIMILAR	R IN FORCE?			YES[] NO[]
9. PLEASE COMPLETE THE FOLLO	DWING REGARDING THE FIRM'S PRO	DFESSIONAL LIABILITY INSURAN	CE FOR THE PAST THREE YE	EARS:
NAME OF INSURER	LIMITS OF LIABILITY	POLICY PERIOD	PREMIL	JM
	\$			
	\$			
	\$			

10. A) FURNISH THE FOLLOWING INFORMATION FOR ALL PARTNERS, OWNERS OR OFFICERS:

ELILI NIAME	DESIGNATIO	HOW LONG HAD REAL ESTATE OR	(CHECK ONE)		
FULL NAME	N CODE	APPRAISERS LICENSE?	ACTIVE	INACTIVE	
			[]	[]	
			[]	[]	
			[]	[]	
			[]	[]	
			[]	[]	

DESIGNATION CODE: P-PARTNER, OF-OFFICER, O-OWNER

B) STAFF (ALL PRINCIPALS AND STAFF TO BE INCLUDED ONLY ONCE. TOTALS WILL ADD AUTOMATICALLY)

		-0.7=		
DESCRIPTION	FULL TIME	TIVE PART TIME	INACTIVE	TOTAL
1) PRINCIPALS (INCLUDE ALL PERSONS LISTED IN QUESTION 10A)				0
2) EMPLOYED SALESMEN OR BROKERS ON SALARY OR COMMISSION				0
3) INDEPENDENT CONTRACTORS ON SALARY OR COMMISSION				0
4) PROPERTY MANAGERS NOT INCLUDING THOSE LISTED IN 10, B, 1, 2 OR	3			0
5) CLERICAL (DO NOT INCLUDE ANY LICENSED STAFF)				0
6) OTHER STAFF NOT LISTED ABOVE. DESCRIBE:				0
			TOTAL STAFF:	0
NOTE: INDEPENDENT CONTRACTORS ARE NOT COVERED UNDER THE BA ADDITIONAL INSURED'S, FOR AN ADDITIONAL PREMIUM, TO COVER THE <i>I</i>				
IF THE ENDORSEMENT IS BEING REQUESTED BY APPLICANT:(COUNT THEM IN B.3 REGARDLESS OF WHETHER ENDORSEMENT IS BEING 11. GROSS INCOME FROM REAL ESTATE OR APPRAISERS ACTIVITIES: (GROSS INCOME INCLUDES ALL FEES AND COMMISSIONS BEFORE EXAMPLE OF A PROSE INCOME.)	XPENSES.)		# OF INITE	
DESCRIPTION GROSS INCOME FROM LAST YR.		GROSS INCOME RRENT YEAR		SOLD, MANAGED PPRAISED
A) RESIDENTIAL REAL ESTATE COMMISSION				
B) COMMERCIAL REAL ESTATE COMMISSION	_			
C) PROPERTY MANAGEMENT FEES	_			
D) REAL ESTATE APPRAISAL FEES	_			
E) REAL ESTATE LEASING FEES (PROPERTY NOT MANAGED BY APPLICANT)				
F) OTHER (DESCRIBE):	_			
TOTAL GROSS INCOME:	_			
12. A) PROVIDE A LISTING OF ALL PROPERTIES MANAGED, THE VALUE OF OWNERSHIP INTEREST IN EACH IF ANY. THE BASIC POLICY DOES NOT ADDED BY ENDORSEMENT, FOR AN ADDITIONAL PREMIUM. CHECK B) IS A BUDGET PREPARED FOR EACH PIECE OF PROPERTY MANAGED	OT COVER PROPERTY M CHERE IF YOU WANT TH	anagement. How	/EVER, COVERAGE F OVERAGE: []	
If not, please explain:		VEC	 NO[]	
,		1631	1 10[]	
If not, please explain: 13. THE POLICY EXCLUDES COVERAGE FOR CLAIMS INVOLVING TRANSAC OWNERSHIP INTEREST AS A BUYER OR SELLER OF REAL PROPERTY. HO' PREMIUM, TO ALLOW NOT MORE THAN 10% OWNERSHIP BY AN INSL	WEVER, COVERAGE CAN	N BE EXTENDED BY	endorsement, foi	
14. IS THE APPLICANT INVOLVED IN ANY SYNDICATION, GENERAL PARTNE YES [] NO [] NOTE: THE POLICY DOES NOT COVER THIS.			IT TRUST ACTIVITIES	?
15. IS THE APPLICANT INVOLVED IN ANY PROPERTY DEVELOPMENT OR CONTE: THE POLICY DOES NOT COVER THIS. If YES, give particulars:	ONSTRUCTION ACTIVITI	ES? YES [NO[]	
16. HAS ANY POLICY OF OR APPLICATION FOR SIMILAR INSURANCE ON T DIRECTORS, BROKERS OR SALESMEN (WHETHER EMPLOYEES OR INDE PREDECESSORS IN BUSINESS EVER BEEN DECLINED, CANCELLED, OR	PENDENT CONTRACTO	RS), EMPLOYEES OF		ANY

17. HAS ANY PROPOSED INSURED EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION BY AUTHORITIE	ES AS A RESU	IT OF F	HIS PRO	OFFSSIONA	I
ACTIVITIES?					e particulars:
18. HAVE ANY PROFESSIONAL LIABILITY (E&O) CLAIMS BEEN MADE DURING THE PAST FIVE YEARS AGA OR PRESENT PARTNERS, EXECUTIVE OFFICERS, DIRECTORS, BROKERS OR SALESMEN (WHETHER EM CONTRACTORS), EMPLOYEES, OR ANY PREDECESSORS IN BUSINESS?	APLOYEES OF	R INDEP	ENDE	NT	e particulars:
19. DOES ANY PROSPECTIVE INSURED HAVE KNOWLEDGE OR INFORMATION OF ANY CIRCUMSTANCE OF ANY INCIDENT WHICH MAY RESULT IN ANY CLAIM BEING MADE AGAINST THE FIRM OR ANY EXECUTIVE OFFICERS, DIRECTORS, BROKERS OR SALESMEN (WHETHER EMPLOYEES OR INDEPEND OR ANY PREDECESSORS IN BUSINESS?	OF ITS PAST ENT CONTR	OR PRE	SENT I S), EMI	PARTNERS, PLOYEES,	ENTIONS e particulars:
ADDITIONAL UNDERWRITING DOCUMENTS REQUIRED:					
1. MOST CURRENT AUDITED FINANCIAL STATEMENTS					
2. RESUME OF INDIVIDUALS, PARTNERS AND/OR ORGANIZATION					
3. COPY OF CURRENT LICENSE AND CERTIFICATION					
THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSUBE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DAPOLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE	AND MÁDE ATE OF THIS	A PART	OF T	HE POLICY	THE APPLICANT
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANINSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISMATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.					
NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALS OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTH FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THE TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGINCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING MINIMUM OF TWO (2) YEARS.	HER BENEFIT, WILL BE SE HOUSAND (GRAVATING (OR PR ENTENC \$10,00 CIRCU	ESENT CED FO 0) DC MSTAN	TS MORE TH OR EACH VOLLARS, OR ICES, THE	HAN ONE CLAIM VIOLATION WITH BE SENTENCED TERM COULD BE
APPLICANT'S AUTHORIZED SIGNATURE:					
NAME (in typing):					
TITLE: DATE SIGNED:					
PRODUCER: ADDRESS:					
THE INSURED HEREBY ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT THE LIMIT OF LIABILITY COMAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE LEGAL DEFENSE OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT TO THE EXTENT THAT SUC	INSURER SH	IALL N	OT BE	LIABLE FO	R THE COSTS OF
THE INSURED HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT LEGAL DEFEN AGAINST THE DEDUCTIBLE AMOUNT.					
INSURED:BY:					
(Applicant) TITLE:					

(must be signed by Chairman of the Board or President)