

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

Notice: By applying for this insurance, the applicant also is applying for membership in The Realtors Insurance Purchasing Group Association, a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

Fraud Warning:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT. SHOULD A POLICY BE ISSUED IT WILL ATTACH TO THE POLICY.

I understand that the final premium will be rounded to the next dollar. I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application.

Signature _____ Date ____/____/____
Must be signed by the applicant





PAYMENT PAGE

To bind, please fax (or mail) back with the completed application and payment.

Premium you selected from application \$ _____

OREP Annual Processing Fee
(Working RE, Education, Health Benefits are included) + \$50.00

\$ _____ **Total Due**

() Faxing Payment by Check. It's Fast, Free and Simple. Here's how:

- 1. Complete your check payable to OREP for the total amount due and attach it to this form (below).
- 2. Sign the authorization below and fax the completed form and check to OREP: **(619) 704-0793 or (619) 269-3884.**
- 3. Retain the actual check for your records. (Do not mail.)

4. Note: Checks drawn on a line of credit can not be processed.

This check authorizes OREP to charge our bank account as per the attached check:

_____ / /
Your Signature *Date Signed*

**(Attach the check here made out to OREP and fax with application to: (619) 704-0793 or (619) 269-3884.)
For more information call: (888) 347-5273.**

() Payment by Check or Money Order: I have enclosed a check for the total amount due and will mail.

() Payment by Credit Card

***Please note: If you choose the credit card option, a 2% convenience fee will be applied.**

Type of Card: () MasterCard () Visa

Amount Charged \$ _____

Cardholder's Name: _____

Billing Address: _____

City _____ State _____ Zip: _____

Credit Card Number: _____ Exp. date: ____/____/____

Signature of cardholder _____

Date signed ____/____/____

OREP Insurance Services: 6760 University Ave. #250 San Diego CA 92115. (888) 347-5273 *
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