

NAVIGATORS INSURANCE COMPANY
Real Estate Professional Errors and Omissions Insurance
EXPRESS APPLICATION for CALIFORNIA



To be eligible for this application you must be able to answer "true" to statements 1-7 below. Please note that mortgage brokering coverage is not offered with the Express Application. Please contact OREP if you are not eligible for this program or need mortgage brokering coverage - 888-347-5273 or info@orep.org.

Applicant Firm Name _____

Contact _____

Principal Street Address _____

City _____ County _____ ST _____ ZIP _____

Mailing Address _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____ *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.*

Total # of professionals earning \$20,000/yr or more _____ Total # of professionals earning less than \$20,000/yr _____

Annual # of Transaction Sides _____ (on closed real estate sales)

Status of Insured: Independent Contractor Sole Proprietor Partnership/LLP Corporation/LLC

NEW BUSINESS ACCOUNTS: Desired Effective Date ____ / ____ / ____ Retroactive Date ____ / ____ / ____

RENEWAL ACCOUNTS: Expiring Policy Number _____

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.

<i>To be eligible for the premium options shown below, the Responses to statements 1 through 7 must all be "True".</i>	
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 non payment of premium).	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the company is involved in appraisal services, property management, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
4. No owner or agent of the company has an exclusive listing agreement with any builder/developer.	<input type="checkbox"/> True <input type="checkbox"/> False
5. The applicant's combined total gross revenues did not exceed \$300,000.00 for the last three (3) year period (gross revenues are defined as all fees and commissions before expenses payable to employees and independent contractors).	<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**

CALIFORNIA

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
\$1,000.00	\$975.00	\$1,030.00	\$1,147.00	\$1,215.00	\$1,274.00
\$2,500.00	\$865.00	\$920.00	\$1,037.00	\$1,105.00	\$1,164.00
\$5,000.00	\$708.00	\$764.00	\$880.00	\$949.00	\$1,007.00

CLAIM EXPENSES ARE OUTSIDE THE LIMITS OF LIABILITY

NOTICE: By applying for this insurance, the applicant is also 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.

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.

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

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.

Please print your name _____

Signature:

Date:

To bind coverage please send the completed application and check (including all taxes/surcharges, if applicable) to your agent listed below:

**David Brauner / David Brauner Insurance Services
OREP
6760 University Ave., Suite 250, San Diego, Ca. 92115
Phone: 888-347-5273; Fax: 619-704-0567; Email: info@orep.org**

Herbert H. Landy Insurance Agency, Inc.
75 Second Avenue, Suite 410
Needham, Mass 02494

Phone: 800-336-5422 • Fax: 800-344-5422 • Web: www.landy.com





PAYMENT PAGE

Please note: 25% of the premium is fully earned and non-refundable.

E&O Premium You Selected from Application	\$
OREP Annual Processing Fee (Includes Working RE Magazine & Benefits)	+\$- 5.00
TOTAL COST (TO PAY IN FULL):	\$
IF FINANCED, DOWN PAYMENT DUE (includes \$20 financing fee):	\$
(Optional) Streamline FHA Appraising! (Add FHA Course, Checklist and eManual)	+\$40.00
Total with Optional FHA Material	\$

To Bind Coverage, please sign: Total Cost Acknowledged and Accepted by

(Signature of Insured)

(Date)

PAYMENT INSTRUCTIONS: To bind, please SIGN ABOVE and complete payment section below remitting the full amount indicated or down payment if financing. Then, fax or email back to OREP with any conditions from quote and a signed finance agreement. You may use either payment option explained below. Thank you!

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

1. Complete your **personal or company** check payable to OREP for the total cost or down payment due and attach it to this form below. NO LINE OF CREDIT CHECKS OR CASHIERS CHECKS.
2. Sign the authorization below and fax the completed form and check to OREP: **(619) 704-0567**.
3. Retain the check for your records. (Do not mail.)

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

Your Signature

____/____/____
Date Signed

Attach your completed check here (over the credit card information) made out to OREP and fax with your completed application to: (619) 704-0567 or (619) 269-3884

() Payment by Credit Card () MasterCard () Visa

Amount Charged \$ _____

Cardholder's Name: _____

Billing Address: _____

City _____ State _____ Zip: _____

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

Signature of cardholder _____ Date signed ____/____/____