

REAL ESTATE ERRORS AND OMISSIONS INSURANCE
EXPRESS APPLICATION for CALIFORNIA



Please complete this form by typing your responses in your internet browser and printing the completed form using the Print button in the top right corner. You may also print a blank form and fill it out using ink. To be eligible for this application you must be able to answer "true" to statements 1-6 below. Please note that mortgage brokering coverage is not offered with the Express Application. Please contact CF9D if you are not eligible for this program or need mortgage brokering coverage!

Applicant Company Name _____

Name of Principal Broker _____

Address _____
Number and Street Suite Number

City or Town State/Province Zip/Postal Code

Mailing Address (if different) _____
Number and Street Suite Number

City or Town State/Province Zip/Postal Code

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 Corporation

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

RENEWAL ACCOUNTS: General Star 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.

To be eligible for the premium options shown below, the Responses to statements 1 through 6 must all be "True".

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 applicant company has been cancelled, refused insurance or declined by another 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 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 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

Turn to Page 2 to Select and Circle Your Premium Payment Option and Remit With Your Application

PLEASE SELECT AND CIRCLE YOUR DESIRED PREMIUM OPTION

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.

Deductible Loss & Expense	CALIFORNIA				
	\$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	\$951	\$1,012	\$1,121	\$1,180	\$1,265
\$2,500	\$865	\$920	\$1,019	\$1,073	\$1,150
\$5,000	\$821	\$873	\$968	\$1,019	\$1,093

Claim Expenses are Outside the Limits of Liability

California Residents must include A Surplus Lines State Tax and Stamping Fee (3% State Tax and Stamping Fee)

If your effective date is before 02/01/2010 the stamping fee is 0.225%. Otherwise the stamping fee is 0.25%.

Please add this to the premium selected.

Applicable to Producers Only

- Yes, I want the Herbert H. Landy Insurance Agency to process the surplus lines taxes and fees. I have attached the \$50.00 surplus lines filing fee (check made payable to Herbert H. Landy Insurance Agency, Inc.) and the completed due diligence report.
- No, I do not want the Herbert H. Landy Insurance Agency to process the surplus lines taxes and fees. I hold a surplus lines license and will file the taxes and fees myself.

DISCLAIMER

For California Residents: General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer in California and is not subject to the financial solvency regulation and enforcement, which applies to licensed companies. The Insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state. California Surplus lines license # OB11941, Herbert H. Landy Insurance Agency Inc., Needham, MA 02494.

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.

REQUIRED SIGNATURE

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



Web: www.[...]* • Phone: 811-411-6111 • Fax: 1-800-661-1111
 111-661-1111 • 1-800-661-1111 • 1-800-661-1111

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.”**

 Date: _____
Insured: _____



PAYMENT PAGE

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

Total Premium from application	\$ _____	
Surplus Lines Taxes (Premium times 3.25%)	\$ _____	
Filing Fee	\$ 100.00	
OREP Annual Processing Fee	+\$95.00	
	\$ _____	Total Due

- Faxing Payment by Check. It's Fast, Free and Simple.** Here is 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: 619-704-0567.
 3. Retain a clear photocopy for your records. (Do not mail.)
 - 4. Note: Checks drawn on a line of credit can't be processed.**

This check authorizes you 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: 619-704-0567 or 610-269-3882.)
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 MasterCard Visa

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

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 * Fax: (619) 704-0567 www.orep.org * info@orep.org