



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 @ 888-347-5273 if you are not eligible for this program or need mortgage brokering coverage.

Applicant Company Name _____

Contact _____

Principal Street Address _____

City _____ 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: 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 7 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 |
| 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 Payment Option and Remit With Your Application

**SELECT AND CIRCLE YOUR DESIRED PREMIUM PAYMENT OPTION
AND REMIT WITH YOUR APPLICATION**

ALL STATES EXCEPT CALIFORNIA

Florida, Kentucky, New Jersey and West Virginia Applicants: Please see notes below regarding State Taxes or Surcharges required.

| 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 | \$496.00 | \$527.00 | \$585.00 | \$616.00 | \$660.00 |
| \$2,500.00 | \$451.00 | \$479.00 | \$532.00 | \$560.00 | \$600.00 |
| \$5,000.00 | \$429.00 | \$455.00 | \$505.00 | \$532.00 | \$570.00 |

CLAIM EXPENSES ARE OUTSIDE THE LIMITS OF LIABILITY

Kentucky Residents:

The premiums on Page 1 do not include the State, City or County Taxes assessed in Kentucky. Contact your agent to obtain the amount of the tax prior to submitting this application.

West Virginia Residents:

The State of West Virginia assesses a tax of 0.55% on insurance. Multiply premium you selected by 1.0055 and round to the nearest dollar. This is the total premium and tax due.

Florida Residents:

Companies writing property and casualty insurance business in the State of Florida are required to collect a Florida Hurricane Catastrophe surcharge of 1%. Multiply the premium you selected above by 1.01 and round to the nearest dollar. This is the total premium and surcharge due.

New Jersey Insurance Guaranty Association Fund:

Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Insurance Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. The current assessment is 0.9% and will be displayed on your premium notice. Multiply the premium you selected above by 1.009 and round to the nearest dollar.

DISCLAIMER

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 (for all states except Florida): 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.



David Brauner Insurance Services

PAYMENT PAGE

To bind, please fax (or mail) this 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

Streamline FHA Appraising! Add FHA Course, Checklist and eManual + \$40.00

\$ _____ Total with Optional FHA Material

() 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) 704-0567 or (619) 269-3884.
3. Keep the physical 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 my 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)

Attach Your Check Here

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

() 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 * Fax: (619) 704-0567 or (619) 269-3884 * www.orep.org * info@orep.org

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