

YOUR INCOME

9) * Does the firm or anyone in the firm sell, appraise, or lease properties constructed, developed or owned by the firm, anyone in the firm, or a related firm? If Yes, provide commission or fee income from these activities: Yes No
 \$ _____

10) Does this firm or anyone in the firm provide any of the following services: If Yes, provide gross income to the firm:

| | | | |
|--|-----|----|----------|
| a. * Real Estate Development/Construction | Yes | No | \$ _____ |
| b. **Construction Management | Yes | No | \$ _____ |
| c. **Mortgage Banking | Yes | No | \$ _____ |
| d. * Formation or Management of Group Investments/Syndications, Trusts and/or Partnerships | Yes | No | \$ _____ |
| e. Sale of timeshares | Yes | No | \$ _____ |
| f. Management of associations (i.e., condominium, cooperative, homeowners) | Yes | No | \$ _____ |

* **Note:** Refer to Policy regarding activities described in Questions 9 and 10. Income from these activities will not be included in the rating of this policy.

** Coverage for these activities may be available through our Surplus Lines Real Estate Industry Services product. Refer to <http://www.PlanetRealtyChoice.com> for details.

11) Real Estate Activities: Show all income, fees and commissions BEFORE split with brokers or salespeople or deduction of expenses. Do not include income reported in 9 and 10.

| <i>Do not report property values.</i> | PAST FISCAL YEAR Ending: ____/____/____ | | NEXT 12 MONTHS: Estimates | |
|--|---|-----------|------------------------------|-----------|
| | #Transactions (not sides) | INCOME | #Transactions (not sides) | INCOME |
| a. Residential Real Estate Sales (1-4 units) | | \$ | | \$ |
| b. Farm and/or Ranch Sales | | \$ | | \$ |
| c. Land and Lot Sales | | \$ | | \$ |
| d. Commercial, Industrial, Income Property Sales | | \$ | | \$ |
| e. Business Opportunities Brokerage | | \$ | | \$ |
| f. Real Estate Leasing Fees | | \$ | | \$ |
| g. Real Estate Consulting/Counseling | | \$ | | \$ |
| h. Residential Real Estate Appraisal | | \$ | | \$ |
| i. Commercial Real Estate Appraisal | | \$ | | \$ |
| j. Property Management Fees | | \$ | | \$ |
| k. Auctioneering (Real Property Only) | | \$ | | \$ |
| l. Mortgage Brokerage/Financial Arrangements | | \$ | | \$ |
| m. Other (Please Describe) | | \$ | | \$ |
| TOTAL GROSS INCOME | | \$ | | \$ |

RESIDENTIAL BROKERAGE

12) Please indicate the average sale price of residential properties sold by this firm in the past twelve months: \$ _____

13) What percentage of residential properties sold in the past twelve months:
 a. included a home protection or warranty program? _____% b. included a signed property disclosure form? _____%

14) Do you always use agency disclosure forms on dual agency sales? Yes No

15) What percentage of residential sales income in the past twelve months was *fee for service* income rather than _____% commission income?

16) Does your firm specialize in any certain types of residential properties? If Yes, please list types: Yes No

SPECIALTY SECTION

For the following specialty areas, please provide:
 • List of key personnel and qualifications
 • Brochures describing services provided and promotional material (if available)

COMMERCIAL BROKERAGE / PROPERTY MANAGEMENT / LEASING GROSS INCOME

17) Does the firm specialize in the brokerage, property management, leasing of hotels, motels, and/or mobile homes/RV parks? If Yes, what percentage of income is derived from these activities? Yes No _____%

18) Does the firm use a written contract on all properties managed or leased? If No, please explain. Yes No

REAL ESTATE APPRAISAL

| Types of Appraisals | Total Gross Income | Types of Appraisals | Total Gross Income |
|-----------------------------------|--------------------|------------------------------|--------------------|
| a. Single Family Residences | \$ | g. Farms/Ranches/Forestry | \$ |
| b. Multi Family Dwellings | \$ | h. Estate or Tax Purposes | \$ |
| c. Lots/Vacant Land | \$ | i. Right-of-Way | \$ |
| d. Land Development/Subdivisions | \$ | j. Personal Property | \$ |
| e. Commercial/Industrial Property | \$ | k. Flood zone certifications | \$ |
| f. Construction phase inspections | \$ | l. Other | \$ |

REAL ESTATE CONSULTING / COUNSELING

20) Please describe the nature of consulting / counseling services provided: _____

MORTGAGE BROKERAGE

21) a. Top 3 Lender/Investor clients: _____

b. Provide a percentage breakdown of the areas in which the mortgages are made:

Residential _____ % Commercial _____ % Industrial _____ % Construction _____ % Other _____ %

c. Services rendered:

| | | | |
|--------------|---------|--------------|---------|
| Origination | _____ % | Warehousing | _____ % |
| Servicing | _____ % | Soliciting | _____ % |
| Underwriting | _____ % | Repurchasing | _____ % |

22) What percentage of loans originated are reviewed by separate quality control personnel? _____ %

23) In transactions where the applicant serves as both real estate agent/broker and mortgage broker, does the applicant inform the client that they are under no obligation to use the applicant's mortgage broker services? Yes No

PREVIOUS COVERAGE

24) Please complete the following for your firm with respect to Real Estate Professionals Errors and Omissions Liability Insurance for the past 6 years. If no past coverage, indicate NONE.

| Policy Period Mo / Day / Yr | Insurance Company (Not Agent) | Limit Of Liability | Deductible | Annual Premium Or Per Transaction Rate |
|--------------------------------|-------------------------------|--------------------|------------|---|
| To | | | | |
| To | | | | |
| To | | | | |
| To | | | | |
| To | | | | |
| To | | | | |

25) Please forward a copy of your current declarations page along with confirmation of the expiring retroactive date: ___/___/___

26) During the past 6 years, has any Insurance Company declined, canceled or refused to renew the applicant, any predecessor firm or anyone indicated in Question 6? (MISSOURI APPLICANTS ARE NOT REQUIRED TO RESPOND.) Yes No

If Yes, please explain: _____

COVERAGE OPTIONS REQUESTED

- 27) a. Limits of Liability (each claim / annual aggregate)
 \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 _____
 \$250,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
- b. Deductible per claim: \$0 \$1,000 \$2,500 \$5,000 \$10,000 \$20,000 \$25,000 _____
- c. First Dollar Defense coverage option (additional premium): Yes No

CLAIMS SECTION

Answer Questions 28 and 29 only after inquiry of each member of your firm. If Yes to 28 or 29, please complete Claims Supplement for each claim.

28. Have any claims (including violations of fair housing laws) been made against your firm, any predecessor firm or anyone indicated in Question 5 or 6? Yes No

29. Are you aware of any act, error, omission or other circumstances which might reasonably be expected to be the basis of a claim or suit against you or anyone indicated in Question 5 or 6? Yes No

30. Have all matters in Questions 28 and 29 above been reported to the applicant's former or current insurers? Yes No

Note: Incidents or potential claims which might reasonably be expected to result in a claim being made should be reported to your present insurance company.

NOTE: The insurance coverage for which you are applying is written on a Claims-made Policy; therefore, only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means a demand received by you for money or services arising out of a negligent act or omission in the rendering or failure to render professional real estate services. If you have any questions about the coverage, please discuss them with your insurance agent.

WARNING - COLORADO, DISTRICT OF COLUMBIA, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW YORK, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY

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 (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Colorado Residents only: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)

I / we hereby declare that the above statements and particulars are true and that I / we have not suppressed or misstated any material facts and I / we agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims-made basis. It is understood and agreed that completion of this application does not bind the company to issue or the applicant to purchase the insurance.

CLAIMS SUPPLEMENT

- A. Please complete this supplement if you have been involved in any claim or suit during the past 6 years.
- B. Complete one form for each claim. Please copy and use this form to report additional claims.

| | |
|---|---|
| 1. Firm Name | |
| 2. Full Name of Individual Involved in the Claim | |
| 3. Full Name of Claimant | |
| 4. Date of Alleged Error / / | 5. Date of Claim / / |
| 6. Additional Defendants | |
| 7. Name of Insurer | |
| 8. Present Status of Claim: <input type="checkbox"/> Pending <input type="checkbox"/> Closed <input type="checkbox"/> In Suit | |
| 9. If Closed, Loss Paid: \$ | Expense Paid (not including deductible): \$ |
| 10. If Pending, Amount Asked in Summons: \$ | Claimant's Settlement Demand: \$ |
| 11. Defendant's Offer for Settlement: \$ | Insurer's Combined Loss Reserve and Expense: \$ |
| 12. Description of Claim - Including Assessment of Liability if Pending: (Please provide enough information to allow evaluation.) | |
| A. Description of Claim and Events: | B. Allegation Upon Which Claimant Bases Claim: |
| | |
| | |
| | |
| 13. Explain what action(s) have been taken to prevent a recurrence or similar claim: | |
| | |

I / we hereby declare that the above statements and particulars are true and that I / we have not suppressed or misstated any material facts and I / we agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims-made basis. It is understood and agreed that completion of this application does not bind the company to issue or the applicant to purchase the insurance.

| | |
|-----------|-------|
| Name | Title |
| Signature | Date |

APPLICATION MUST BE CURRENTLY SIGNED AND DATED BY A PRINCIPAL OF THE FIRM TO BE CONSIDERED FOR A QUOTATION.