



1. Company Name
(Insured): _____
Street: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail Address: _____
Web Address: _____

2. List all states in which the **Insured** operates: _____

3. How many office locations does the Applicant operate? _____

4. Projected gross commissions and fees for the next 12 months: \$ _____
Gross commissions and fees for the last fiscal year: \$ _____

5. Please provide numbers of the following with respect to employee count:

Principals, Partners, Directors, Officers:	Other Professionals (explain):
Part-Time Real Estate Professionals:	Non-Professional Employees:
Full-Time Real Estate Professionals:	Total Staff:

6. During the last 12 months has the **Insured** created or acquired any additional entities? Yes No
If Yes, please provide the date of acquisition and a description of the services provided: _____

7. During the last 12 months has the **Insured** changed the scope of their professional services? Yes No
If Yes, please describe in detail the nature of these changes and the revenue projected for each new service: _____

8. What percentage of the **Insured's** revenue is derived from the following?

Residential Real Estate Sales:	Title Searching, Abstracting, or Agency:
Farm and/or Ranch Sales:	Escrow Agency:
Land Lot Sales:	Property Inspection Services:
Commercial, Industrial, Income Property Sales:	Appraisal:
Business Opportunity Brokerage:	Property Management (Non-Owned Property):
Real Estate Leasing (Non-Owned Property):	Property Management (Owned Property):
Real Estate Leasing (Owned Property):	Property Management (Condominium):
Real Estate Consulting/Counseling:	Other (explain):
	Total: 100%

9. a. Is the **Insured** or any subsidiary, parent, or related organization engaged in any real estate development or construction? Yes No
If Yes, please provide the full legal name of the development/construction company (ies) involved: _____

b. Does the **Insured** sell any of the properties developed by these entities? Yes No
If Yes, what percentage of the **Insured's** business is derived from these transactions? _____%

- c. Please provide business length of the affiliated builder/developer: _____
- d. Please provide the number of projects the affiliated builder/developer is involved with, and at what stage of completion is each project: _____

- e. Please advise on the financial position of the affiliated builder/developer and if there is a reasonable expectation the company (ies) will become insolvent: _____

- f. Please attach financials for the affiliated builder/developer.
10. a. What is the average value of the properties sold by the **Insured**? \$ _____
 b. Please set forth the **Insured's** five (5) largest transactions in the past 12 months, including the values:

11. Is more than 20% of the **Insured's** commission derived from the sale of real estate at any one location or development? If Yes, please provide details on a separate sheet of paper. Yes No
12. During the last three years, has the **Insured** engaged in any transactions as a real estate agent or broker in which the **Insured**, or any director, officer, partner, principal or employee of the **Insured**, has had a direct or indirect beneficial ownership interest as buyer or seller of real property? Yes No
 If Yes, please explain: _____

13. Please set forth a) the **Insured's** policy regarding the use of home inspections on residential transactions and b) provide an estimate of the percentage of transactions in which a home inspector is utilized:

14. Does any proposed **Insured** have knowledge of any act, error or omission which might reasonably give rise to a claim against any **Insured**? Yes No
 If Yes, please explain:

NOTICE TO INSURED: PLEASE READ CAREFULLY

Warranty: The **Insured** warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the **Insured's** business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the **Insured**.

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

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____