

ERRORS AND OMISSIONS INSURANCE APPLICATION

1. **CORPORATE NAME:** _____

DBA(S): _____

ADDRESS: _____ CITY: _____ STATE: _____

COUNTY: _____ ZIP: _____ EMAIL: _____

PHONE: _____ FAX: _____

2. STATUS OF CLIENT: Corporation Partnership Sole Proprietorship

DATE FIRM WAS ESTABLISHED: _____

3. PRINCIPAL OWNER INFORMATION

| <u>BROKER/ OWNER</u> | <u>DESIGNATION</u> | <u>DATES FIRST LICENSED</u> |
|----------------------|--------------------|-----------------------------|
| _____ | Principal Broker | Broker _____ As Agent _____ |
| _____ | _____ | Broker _____ As Agent _____ |
| _____ | _____ | Broker _____ As Agent _____ |
| _____ | _____ | Broker _____ As Agent _____ |

4. DO YOU HAVE MULTIPLE OFFICE LOCATIONS: YES ___ NO ___
 * PLEASE LIST BRANCH LOCATIONS / ADDRESSES

5. NUMBER OF STAFF

| | FULL TIME | PART TIME | IN-ACTIVE |
|-------------------|-----------|-----------|-----------|
| LICENSED BROKERS: | _____ | _____ | _____ |
| LICENSED AGENTS: | _____ | _____ | _____ |
| CLERICAL STAFF: | _____ | _____ | _____ |

6. GROSS INCOME

| DESCRIPTION | GROSS INCOME LAST 12 MONTHS | NUMBER OF TRANSACTIONS | AVERAGE SALES PRICE | PROJECTED INCOME NEXT 12 MONTHS |
|--------------------------|--------------------------------|---------------------------|------------------------|------------------------------------|
| RESIDENTIAL SALES | \$ | | | \$ |
| COMMERCIAL SALES | \$ | | | \$ |
| RESIDENTIAL LAND | \$ | | | \$ |
| COMMERCIAL LAND | \$ | | | \$ |
| BUSINESS BROKERAGE | \$ | | | \$ |
| RESIDENTIAL PROPERTY MGT | \$ | | N/A | \$ |
| COMMERCIAL PROPERTY MGT | \$ | | N/A | \$ |
| FARM MANAGEMENT FEES | \$ | | N/A | \$ |
| LEASING FEES | \$ | | N/A | \$ |
| RESIDENTIAL APPRAISALS | \$ | | N/A | \$ |
| COMMERCIAL APPRAISALS | \$ | | N/A | \$ |
| MORTGAGE BROKERING | \$ | | N/A | \$ |
| REAL ESTATE CONSULTING | \$ | | | \$ |
| - PLEASE EXPLAIN: | | | | |
| ESCROW FEES | \$ | | N/A | \$ |
| OTHER: | \$ | | | \$ |
| TOTALS | \$ | | | \$ |

7. PERCENTAGE OF CLOSINGS SOLD WITH HOME WARRANTY: _____
8. PERCENTAGE SOLD WITH PROPERTY INSPECTION: _____
9. PERCENTAGE OF DUAL AGENCY TRANSACTIONS: _____
10. PERCENTAGE OF AGENT OWNED SALES: _____
11. IS YOUR FIRM PART OF A FRANCHISE (IF YES, PLEASE LIST): _____
12. LIST ALL STATES YOUR FIRM OPERATES IN: _____
13. DID ANY CLIENT REPRESENT MORE THAN 25% OF YOUR ANNUAL GROSS INCOME LAST YEAR ? Yes _____ No _____

13. CLAIMS HISTORY

- A. Have any claims been made during the last five years or are you aware of any circumstance that may result in a claim being made against the applicant or broker? Yes _____ No _____
- B. Has anyone in the firm had their license revoked or been subject to disciplinary action in the last 5 years ? Yes _____ No _____

14. COVERAGE HISTORY

- A. Does the firm have coverage in place now? Yes _____ No _____
 If "YES", current carrier: _____ Expiration date: _____
IF YES INCLUDE A COPY OF THE DECLARATION PAGE OF CURRENT POLICY TO PROTECT YOUR PRIOR ACTS COVERAGE WITH YOUR NEW QUOTE
- B. Does the firm carry Worker's Compensation? Yes _____ No _____
 If "YES", current carrier: _____ Expiration date: _____
- C. Do you have any other insurance needs we might assist you with? Yes _____ No _____
 If "YES" please list: _____

15. CLIENT DECLARATION

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability policy. I understand that all statements in this application are considered material facts and an incorrect statement can void my policy.

 Signature of Partner, Owner, Director of Named Insured

 Date

 Printed Name

 Title

BLACK INK INSURANCE APPLICATION – SCCAOR

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