



# Member Companies of American International Group, Inc.

Name of Insurance Company To Which Application is Made

Name of Insurance Company to which **Application**\* is made (herein called the "**Insurer**"†)

## RE ASSURE<sup>SM</sup> REAL ESTATE PROFESSIONAL LIABILITY APPLICATION

**NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF THE POLICY IS ISSUED, SOME COVERAGES WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.**

"You," "Your" or "Applicant" refer individually and collectively to the **Applicant**, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(s), proposed for this insurance. Some sections of the Application may not apply to **You**. If this is the case, please mark "not applicable" (N/A). In the event **You** need more space to fully answer a question, please attach separate sheet(s) to this Application with **Your** full answer. Before continuing, please attach copies of:

1. Standard contracts and agreements (customer and independent contractor).
2. Current financial statements (e.g, annual report, audit, 10K, pro-forma, etc.).
3. Loss runs for the past three (3) years (if this is a new submission).
4. If less than two (2) years in business, a business plan and resumes of principal officers.
5. Sample of services brochure and advertising materials.
6. List of mergers, acquisitions or divestitures within past three (3) years, including dates and whether **You** acquired or retained assets, liabilities, or both; applicable retroactive dates; scope of due diligence (contracts, prior litigation).
7. Other information that **You** believe will better help us understand **Your** business.

### I. GENERAL INFORMATION

Full Name of <b>Applicant</b> : <i>(attach separate list of subsidiaries for which coverage is sought under this Application‡)</i>		_____	
<b>Applicant</b> Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (describe: : _____)		
<b>Applicant</b> ownership	<input type="checkbox"/> Publicly traded <input type="checkbox"/> Privately held		
Mailing Address:	_____		
Telephone:	_____	State of Incorporation:	_____ <input type="checkbox"/> NA
Date Established:	_____	No. of Employees:	_____
Risk Manager/Contact:	_____	Contact E-Mail Address:	_____
<b>Applicant</b> Home Page:	http://_____		
Business Description:	_____		
Requested Effective Date:	_____	Requested Retroactive Date:	_____
Aggregate Limit Requested:	\$ _____	Retention Options:	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> Other \$ _____
Broker:	_____	Broker Phone Number:	_____

### II. REVENUE INFORMATION§

\* Terms appearing in **bold** type have special meanings. See Clause 2. of the policy for more information.

† If this blank is not completed "**Insurer**" shall mean the insurer that issues the policy to the **Applicant** based on this Application.

‡ For each subsidiary listed, include **Your** percentage of ownership, the acquisition or formation date of such subsidiary and the services performed by such subsidiary. Regardless of the list of subsidiaries provided by **You**, there shall be no coverage for any subsidiary unless specifically endorsed to the proposed policy, or if "blanket" subsidiary coverage is specifically provided, such subsidiary falls within the definition of "subsidiary" as defined in the policy issued.

(Fiscal year basis)	Prior Year	Current Year	Projected Next Year
<b>Total U.S. Revenue</b>	\$ _____	\$ _____	\$ _____
<b>Total Non-U.S. Revenue</b>	\$ _____	\$ _____	\$ _____
<b>Net Income</b>	\$ _____	\$ _____	\$ _____
<b>Current Assets</b>	\$ _____	\$ _____	\$ _____
<b>Current Liabilities</b>	\$ _____	\$ _____	\$ _____
<b>Total Assets</b>	\$ _____	\$ _____	\$ _____
<b>Total Debt</b>	\$ _____	\$ _____	\$ _____

**CONTRACT REVENUE INFORMATION**

List **Your** five (5) largest contracts during the last three (3) years:

Customer:	Revenue: (\$)	% of Total Revenue	Services Provided:
_____	\$ _____	_____%	_____
_____	\$ _____	_____%	_____
_____	\$ _____	_____%	_____
_____	\$ _____	_____%	_____
_____	\$ _____	_____%	_____

**CLIENT REVENUE INFORMATION**

Provide the percentage of the **Applicant's** services rendered to each category based on client's revenue:

Percentage of Services:	Client Revenue:
_____ %	Individuals
_____ %	Less than \$50 million
_____ %	\$50 million to \$500 million
_____ %	Greater than \$500 million
100%	

**PROFESSIONAL SERVICE ALLOCATION**

Select the business activity(ies) **You** perform. Also, estimate **Your** total annual projected worldwide revenue for the next fiscal year for such activity(ies):

Professional Service	Projected Annual Revenues
<input type="checkbox"/> Property Manager	\$ _____
<input type="checkbox"/> Commercial Real Estate Agent & Broker	\$ _____
<input type="checkbox"/> Residential Real Estate Agent & Broker	\$ _____
<b>Additional Sources of Revenue</b>	
<input type="checkbox"/> Other professional services, please describe: _____	\$ _____
<input type="checkbox"/> Other, please describe: _____	\$ _____
<b>TOTAL:</b>	\$ _____

**III. CONTRACTS AND LICENSING AGREEMENTS**

1. Do **You** require professional services contracts with all customers?  Yes  No

What percentage of **Your** client contracts are in writing?  <65%  65-90%  >90%

2. Do **Your** standard professional services contracts contain the following provisions? (check if "yes" to all that apply)

<input type="checkbox"/> Conditions of Service Acceptance	<input type="checkbox"/> Guarantees regarding <b>Your</b> work
<input type="checkbox"/> Exclusion of Consequential Damages	<input type="checkbox"/> Force Majeure Clause
<input type="checkbox"/> Project Phases or Milestones, including Testing	<input type="checkbox"/> Warranty Disclaimers
<input type="checkbox"/> Indemnification Clause	<input type="checkbox"/> Hold Harmless Clause
<input type="checkbox"/> Limitation of Liability:	<input type="checkbox"/> Monetary cap on liability <input type="checkbox"/> other (describe: _____)

3. Do **You** employ a contract administrator or equivalent position?  Yes  No

§ Include the revenue information of any subsidiary for which coverage is sought under this **Application**.

4. Are all modifications to <b>Your</b> standard professional service contracts made in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does legal counsel approve any deviations to <b>Your</b> professional service contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. How many attorneys do <b>You</b> employ? (Would you like coverage for your attorneys? ___)	_____
<b>IV. SUBCONTRACTOR MANAGEMENT</b>	
1. What percentage of <b>Your</b> services are provided by: Independent Contractors _____% Temporary Workers _____%	
2. Do <b>You</b> utilize a standard contract for all work performed by independent contractors? If Yes, attach a copy of <b>Your</b> standard contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. What percentage of independent contractors have written contracts with <b>You</b> ?	<input type="checkbox"/> <65% <input type="checkbox"/> 65-90% <input type="checkbox"/> >90%
4. Do <b>You</b> require independent contractors to provide proof of: ( <i>check all that apply</i> ) <input type="checkbox"/> Errors & Omissions insurance <input type="checkbox"/> Commercial General Liability insurance <input type="checkbox"/> Other (describe: _____)	
<b>V. CLIENT FUNDS</b>	
Do <b>You</b> handle the collection of any funds on behalf of clients or others (i.e., rent collection, deposits, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VI. HISTORICAL INFORMATION</b>	
1. Have <b>You</b> , or any director, officer, partner, or employee providing services on <b>Your</b> behalf ever been subject to disciplinary proceeding arising out of professional activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
2. Are <b>You</b> aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a <b>claim</b> against <b>You</b> under the proposed policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
3. Has any insurance carrier ever cancelled or non-renewed a policy that provided the same or similar coverage as the proposed policy? ( <b>MISSOURI APPLICANTS NEED NOT REPLY</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
4. Has any claim, demand, lawsuit, arbitration, litigation, bankruptcy, administrative proceeding or regulatory proceeding been made or initiated against <b>You</b> , that might have given rise to a <b>claim</b> under the proposed policy if the same or similar insurance coverage was in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
5. Has there been or is there now pending any litigation or claim against or civil, criminal, administrative or regulatory action or proceeding of the <b>Applicant</b> or any person or entity proposed for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," explain: _____	
6. First date of continuous Claims-Made coverage:	____/____/____
7. Do <b>You</b> currently have or have <b>You</b> had, over the past five (5) years, any policy providing coverage for errors & omissions liability or professional services liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," attach a separate document which lists for each policy: (a) insurer's name; (b) the policy period; (c) the policy limits; (d) the retention; and (e) the retroactive date.	
8. Have <b>You</b> reported any occurrences, claims or losses to any insurer in the past five years that provided the same or similar insurance to the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes," please attach a separate document with respect to each such occurrences, claim or loss providing: (a) a description; (b) the name of the insurer and policy; (c) the amount of damage, expenses or other loss suffered as a result of occurrences, claim or loss; (d) and the amount paid by the insurer to whom notice was provided (if any)

## **VII. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE**

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

## **VIII. LEGAL NOTICE AND SIGNATURES**

**BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.**

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

### **STATE FRAUD DISCLOSURES:**

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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, 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.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has

been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed \_\_\_\_\_  
(Duly authorized representative, by and on behalf of the **Applicant**)

Date \_\_\_\_\_

Title \_\_\_\_\_ Organization: \_\_\_\_\_  
(must be signed by an authorized officer) (organization's seal)

Attest \_\_\_\_\_  
(Duly authorized representative, by and on behalf of the **Applicant**)

Producer \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_