





Real Estate Rapid E&O Liability Application

	Available in CA ONLY		
	me of Applicant Firm:		
Na	me of Owner/Broker:		
	nail address: dress:		
Cit			
Bu	siness Type: Corporation Professional Corporation Other: Partnership Sole Partnership		
Ye	ar Firm Established: Year Owner/Broker First Licensed:		
То	be eligible for the premium options on page two the responses to Questions 1 through 7 must be "NO"		
1.	Does the firm anticipate deriving more than \$100,000 in gross commission income in the coming 12 mo		NO 🗆
2.	Does the firm provide services involving, real estate leasing or property management, commercial real sales or business brokerage, real estate appraisal, real estate construction development or mortgage b		
3.	Does the applicant firm employ more than five licensed real estate agents or independent contractors (principals and partners)?	including	
4.	Does the applicant derive more than 25% of its total revenues from a single client or maintain an exclus agreement with a builder or developer?	YES 🗆 sive listing	
5.	Have you or anyone to whom this insurance would apply had their licensed revoked, been investigated subject to any disciplinary action by any licensing board, real estate association or other regulatory box		NO 🗆
	the past five years?	YES 🗆	NO []
6.	Are you or anyone to whom this insurance would apply aware of any filed claims, acts, errors, omissior circumstances which might reasonably be expected to the be the basis of a claim or suit?	ns or othe	r
7.			
	declined during the past 5 years? (This restriction does not apply to cancellation for non-payment of pro-	YES	NO 🗆
	If you answered "YES" to any of the above questions we require further information about your firm. Ple <u>victorinsurance.com/real-estate</u> for a full application and further information about our program.	ease visit	
8.	Does the applicant currently maintain real estate errors and omissions insurance? If so, please submit your Declaration page and all endorsements, so that we may provide prior acts coverage.	a copy of	f
		YES 🗆	NO 🗆
	"Please note that the application must be signed by the owner/broker of the applicant firm"		

Name of Applicant Owner/Broker:

Signature: _____

Date: _____

Named Insured:	Insurance Brokerage:	Insurance Brokerage:		
Address:	Address:			
Name of Broker/ Owner: Phone Number: Member ID:	Name of Insurance Broker : Phone Number: Broker Tax ID:			

Real Estate Rapid E&O Liability Quote

This policy includes coverage for personal injury, lockbox liability, the sale of owned residential property, environmental hazards coverage to policy limits, defense and damages for vicarious liability and disparate impact discrimination claims, free subpoena and pre claims assistance, a deductible credit for the use of mediation and includes many other important features.

Please select a limit and deductible from the below table:

E&O Primary Coverage	Limit/Aggregate	Deductible	Premium	Select	Premium Due
Loss & Expense Deductible	250,000/250,000	2,500	\$644	Yes No	
Loss & Expense Deductible	250,000/250,000	5,000	\$546	Yes No	
Loss & Expense Deductible	500,000/500,000	2,500	\$756	□Yes □No	
Loss & Expense Deductible	500,000/500,000	5,000	\$658	Yes No	
Loss & Expense Deductible	500,000/1,000,000	2,500	\$847	Yes No	
Loss & Expense Deductible	500,000/1,000,000	5,000	\$749	Yes No	
Loss & Expense Deductible	1,000,000/1,000,000	2,500	\$896	□Yes □No	
Loss & Expense Deductible	1,000,000/1,000,000	5,000	\$798	☐Yes ☐No	
Optional discrimination endorsement (sub	limit of \$100,000)		\$100	□Yes □No	
Optional Environmental Hazard Endorsem	ent	\$100	□Yes □No		
Effective Date:				Total Premium:	\$
				Commission:	\$
				Net Total Due:	\$

Please fax or email following items to bind coverage:

- 1) The completed Rapid E&O Liability Application
- 2) If applicable, the declarations page and prior acts endorsement of the firm's current policy. We will honor retroactive date listed on the policy.

Email: realestate.us@victorinsurance.com Fax: 301-951-5444

You will receive a binder via email from us within 1 to 2 business days.

Please forward payment to:

For regular U.S. Postal Service: Victor Insurance Managers LLC 14288 Collections Center Drive Chicago, IL 60693 For overnight packages: Bank of America Lockbox Services 14288 Collections Center Drive Chicago, IL 60693