



Real Estate Professional Liability Renewal Questionnaire

FIRM INFORMATION				
Firm Name:		Contact Name:		
Contact Email:		Expiring Policy # or Client ID#:		
STAFF				
1. Please list the number of individuals in each category below (please include only once).				
Employee Category	Number of Individuals			
Principals, Partners, Directors and Officers				
Full-time Real Estate Sales Professionals				
Part-time Real Estate Sales Professionals				
Non-professional Employees				
Other Professionals (please describe below)				
Total Staff				
PROFESSIONAL SERVICES				
2. Show all income, fees and commissions BEFORE split with brokers or salespeople or deduction of expenses. Do not include income reported in questions 5 and 6.				
<i>Do not report property values</i>	Past Fiscal Year Ending:		Next 12 Months: Estimates	
	Transactions	Income	Transactions	Income
a. Residential Brokerage (1-4 units)		\$		\$
b. Commercial, Industrial, or Income Property		\$		\$
c. Land and Lot		\$		\$
d. Farm, Agriculture, Vineyard and/or Forestry		\$		\$
e. Residential Real Estate Appraisal		\$		\$
f. Commercial Real Estate Appraisal		\$		\$
g. Real Estate Leasing Fees		\$		\$
h. Residential Property Management (1-4 Units)		\$		\$
i. Commercial Property Management (5+ Units)		\$		\$
j. Association Management (Condo, Co-Op, etc.)		\$		\$
k. Mortgage Brokerage/Financial Arrangements		\$		\$
l. Business Opportunities Brokerages		\$		\$
m. Real Estate Consulting/Counseling		\$		\$
n. Other (Please describe)		\$		\$
TOTAL GROSS INCOME		\$		\$

OPERATIONS	
Note: If you answered Yes to questions 3-6, please provide additional details on a separate sheet.	
3. Have there been any changes such as ownership, mergers, acquisitions, etc. since the last application was submitted?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Does the firm have any one client which represents more than 25% of the firm's income and/or listings?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Does the firm or anyone in the firm sell, manage or lease properties that are owned by the firm, anyone working for the firm, or a related entity? If yes, please provide commission or fee income from these activities: \$	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Does the firm or anyone in the firm provide any of the following services? If yes, please provide gross income figures:	<input type="checkbox"/> Y <input type="checkbox"/> N
a. Real Estate Development/Construction	\$
b. Construction Management	\$
c. Sales of Foreclosures/REO Properties	\$
d. Formation or Mgt. of Group Investments/Syndications, Trusts and/or Partnerships	\$
7. In the past 12 months, what percentage of transactions did the firm represent both the buyer and seller?	%
8. In the past 12 months, what was the average value of properties sold by the firm?	\$
RISK MANAGEMENT	
9. Does the firm use local board, state association or other association approved contracts and forms?	<input type="checkbox"/> Y <input type="checkbox"/> N
10. Does the applicant have an in-house policies/procedures manual in place?	<input type="checkbox"/> Y <input type="checkbox"/> N
11. In the past 12 months, did at least 75% of the firm's staff, including independent contractors, take approved National Association of REALTORS® state, or local continuing education courses designed to reduce real estate errors and omissions risks?	<input type="checkbox"/> Y <input type="checkbox"/> N
SIGNATURE	
FRAUD NOTICE – Where Applicable Under The Law of Your State	
Applicant represents, on its behalf and on behalf of all other authorized representatives of the Applicant, that the person completing this application is authorized to do so on behalf of the Applicant. Applicant further acknowledges that he/she has read and understands the relevant fraud statement applicable to the headquarter state of the Applicant on the initial application for insurance, which is incorporated by reference in this Renewal Application.	
Applicant acknowledges and agrees that this Renewal Application shall be the basis of the contract if a policy is issued, and CNA will have relied upon, as representations, the responses in the Renewal Application. Applicant further understands that any inaccurate, incorrect or incomplete statement may result in an exclusion or voiding of Applicant's insurance coverage.	
REPRESENTATION:	
Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.	
Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:	
A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;	
If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.	
Name of Principal, Partner or Officer: (Please Type or Print)	Title:
Signature: (Principal, Partner or Officer)	Date:

Victor Insurance Managers LLC

Victor Insurance Services LLC in MN | DBA in CA and NY: Victor Insurance Services | CA Ins. Lic. # 0156109

301-961-9800 • info.us@victorinsurance.com • 7700 Wisconsin Ave, Suite 400, Bethesda, MD 20814