



## Residential Real Estate E&O Liability *Simplified & Self-Rated* Application

Available in all states except AK, CA, CO, HI, ID, IA, KY, LA, MS, NE, NM, NY, ND, RI, SD, & TN

Name of Applicant Firm: \_\_\_\_\_  
Name of Owner/Broker: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Type:  Corporation  Professional Corporation  Other: \_\_\_\_\_  
 Partnership  Sole Partnership

Year Firm Established: \_\_\_\_\_ Year Owner/Broker First Licensed: \_\_\_\_\_

*To 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 \$150,000 in gross commission income in the coming 12 months?  
YES  NO
2. Does the firm provide services involving, real estate leasing or property management, commercial real estate sales or business brokerage, real estate appraisal, real estate construction development or mortgage brokerage?  
YES  NO
3. Does the applicant firm employ more than five licensed real estate agents or independent contractors (including principals and partners)?  
YES  NO
4. Does the applicant derive more than 25% of its total revenues from a single client or maintain an exclusive listing agreement with a builder or developer?  
YES  NO
5. Have you or anyone to whom this insurance would apply had their licensed revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body during the past five years?  
YES  NO
6. Are you or anyone to whom this insurance would apply aware of any filed claims, acts, errors, omissions or other circumstances which might reasonably be expected to be the basis of a claim or suit?  
YES  NO
7. Have you or anyone to whom this insurance would apply been refused insurance, been canceled, non-renewed or declined during the past 5 years? (This restriction does not apply to cancellation for non-payment of premium)  
YES  NO

*If you answered "YES" to any of the above questions we require further information about your firm. Please complete the **Real Estate E&O Application**.*

8. Does the applicant currently maintain real estate errors and omissions insurance? If so, please submit a copy of your Declaration page and all endorsements, so that we may provide prior acts coverage.  
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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Broker/Owner: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 NRDS #: \_\_\_\_\_

### Real Estate *Rapid* E&O Liability Quote

This policy includes coverage for personal injury, lockbox liability, the sale of an agent's primary residence and/or secondary residence, environmental hazards coverage to policy limits, discrimination coverage for defense and damages, 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	1,000	\$580	Yes/No	_____
Loss & Expense Deductible	250,000/250,000	2,500	\$500	Yes/No	_____
Loss & Expense Deductible	500,000/500,000	1,000	\$660	Yes/No	_____
Loss & Expense Deductible	500,000/500,000	2,500	\$540	Yes/No	_____
Loss & Expense Deductible	1,000,000/1,000,000	1,000	\$760	Yes/No	_____
Loss & Expense Deductible	1,000,000/1,000,000	2,500	\$640	Yes/No	_____

Effective Date: \_\_\_\_\_

Total Premium: \$ \_\_\_\_\_  
 Commission: \_\_\_\_\_  
 Net Total Due: \$ \_\_\_\_\_

**Submit the completed Application** and if applicable, the declarations page and prior acts endorsement of the firm's current policy (to honor retroactive date) via:

- Our [Secure Real Estate Portal](#)
- Fax to (508) 634-2930
- Mail with check payable to Number One Insurance Agency to: 91 Cedar Street, Milford, MA 01757.

**Submit payment via:**

- Our **Online E-Check System**
- Complete the **Payment Authorization Form** below & submit with your application.
- Mail with check payable to Number One Insurance Agency to: 91 Cedar Street, Milford, MA 01757