

**NAVIGATORS INSURANCE COMPANY**  
**Real Estate Professional Errors and Omissions Insurance**  
**EXPRESS APPLICATION**



To be eligible for this application you must be able to answer "true" to statements 1-7 below. Please note that mortgage brokering coverage is not offered with the Express Application. Please contact OREP @ 888-347-5273 if you are not eligible for this program or need mortgage brokering coverage.

Applicant Firm Name \_\_\_\_\_

Contact \_\_\_\_\_

Principal Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_  *In lieu of mailing my policy, you may email my policy to the above address. I agree to receive an electronic copy of my application with my policy.*

Total # of professionals earning \$20,000/yr or more \_\_\_\_\_ Total # of professionals earning less than \$20,000/yr \_\_\_\_\_

Annual # of Transaction Sides \_\_\_\_\_ (on closed real estate sales)

Status of Insured:  Independent Contractor  Sole Proprietor  Partnership/LLP  Corporation/LLC

**NEW BUSINESS ACCOUNTS:** Desired Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Retroactive Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RENEWAL ACCOUNTS:** Expiring Policy Number \_\_\_\_\_

***If you have a policy in force, you will need prior acts coverage. Attach a Copy of your current Declarations page showing the prior acts date.***

<b><i>To be eligible for the premium options shown below, the Responses to statements 1 through 7 must all be "True".</i></b>	
1. No owner, agent or member of the applicant company has had their license revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body within the last 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
2. No owner, agent or member of the applicant company has been cancelled, refused insurance or declined by an insurance carrier during the last 5 years (except due to loss of market or non payment of premium).	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the company is involved in appraisal services, property management, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
4. No owner or agent of the company has an exclusive listing agreement with any builder/developer.	<input type="checkbox"/> True <input type="checkbox"/> False
5. The applicant's combined total gross revenues did not exceed \$300,000.00 for the last three (3) year period (gross revenues are defined as all fees and commissions before expenses payable to employees and independent contractors).	<input type="checkbox"/> True <input type="checkbox"/> False
6. The applicant and anyone to whom this insurance will apply is not aware of any professional liability claim or any acts, errors, omission or Personal Injuries which might reasonably be expected to be the basis of a claim made against them within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
7. No owner, agent or member of the applicant has provided services related to pre-foreclosed or bank owned properties that included involvement in any eviction procedures, delivering or negotiating cash for keys offers or property rehabilitation.	<input type="checkbox"/> True <input type="checkbox"/> False

***Turn to Page 2 to Select and Circle Your Premium Option and Remit With Your Application***

**SELECT AND CIRCLE YOUR DESIRED PREMIUM OPTION  
AND REMIT WITH YOUR APPLICATION**

**ALL STATES EXCEPT CALIFORNIA**

**Florida, Kentucky, New Jersey and West Virginia Applicants:** Please see notes below regarding State taxes or surcharges required.

**Claim Expenses are Outside the Limits of Liability**

<b>Deductible Loss &amp; Expense</b>	<b>\$100,000/\$300,000</b>	<b>\$250,000/\$250,000</b>	<b>\$500,000/\$500,000</b>	<b>\$500,000/\$1,000,000</b>	<b>\$1,000,000/\$1,000,000</b>
\$1,000.00	\$508.00	\$536.00	\$597.00	\$633.00	\$663.00
\$2,500.00	\$450.00	\$479.00	\$540.00	\$575.00	\$606.00
\$5,000.00	\$369.00	\$398.00	\$458.00	\$494.00	\$525.00

\_\_\_ **One (1) year policy term option** - - premium option selected above plus any applicable State taxes or surcharges.

\_\_\_ **Two (2) year policy term option\*** - - whereby your policy limits are reinstated one year from the effective date. No renewal application will be required until the two year term has expired.

**\*Premium for the 2 year policy term option is the rate selected above multiplied by 2 = \_\_\_\_\_ plus any applicable State taxes or surcharges.**

***Kentucky Residents:***

The premiums above do not include the State, City or County Taxes assessed in Kentucky. Contact your agent to obtain the amount of the tax prior to submitting this application.

***West Virginia Residents:***

The State of West Virginia assesses a tax of 0.55% on insurance. Multiply premium you selected above by 1.0055 and round to the nearest dollar. This is the total premium and tax due.

***Florida Residents:***

Companies writing property and casualty insurance business in the State of Florida are required to collect a Florida Hurricane Catastrophe surcharge of 1.3%. Multiply the premium you selected above by 1.013 and round to the nearest dollar. This is the total premium and surcharge due.

***New Jersey Insurance Guaranty Association Fund:***

Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Insurance Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. The current assessment is 0.9% and will be displayed on your premium notice. Multiply the premium you selected above by 1.009 and round to the nearest dollar. This is the total premium and assessment due.

**NOTICE (for all states except Florida):** By applying for this insurance, the applicant is also applying for membership in The Realtors Insurance Purchasing Group Association, a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

**FRAUD WARNING:** 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.

**ARKANSAS, LOUISIANA AND WEST VIRGINIA FRAUD WARNING:** 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.

**COLORADO FRAUD WARNING:** 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 benefits, and/or civil damages. In Colorado, 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 Agencies.

**D.C. FRAUD 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.

**FLORIDA FRAUD WARNING:** 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 of the third degree.

**KANSAS FRAUD WARNING:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**KENTUCKY FRAUD WARNING:** 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.

**MAINE FRAUD WARNING:** 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 denial of insurance benefits.

**MARYLAND FRAUD WARNING:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MINNESOTA FRAUD WARNING:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW JERSEY FRAUD WARNING:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD WARNING:** 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 civil fines and criminal penalties.

**NEW YORK FRAUD WARNING:** 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.

**OHIO FRAUD WARNING:** Any person who, with the 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.

**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.

**OREGON FRAUD WARNING:** 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 may be a crime.

**PENNSYLVANIA FRAUD WARNING:** 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.

**TENNESSEE FRAUD WARNING:** 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.

**VIRGINIA AND WASHINGTON FRAUD WARNING:** 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.

**VERMONT FRAUD WARNING:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

DISCLAIMER

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

The undersigned is authorized by, and acting on behalf of, the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the Applicant's professional liability coverage.

Please print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

For Florida Agents Only: Agent or Producer Name:

License #:

For Iowa Agents Only: Agent Name Required Agent Name:

For New Hampshire Agents Only: Agent Name and Signature Required

Agent Name:

Signature:

*To bind coverage please send the completed application and check (including all taxes/surcharges, if applicable) to your agent listed below:*

David Brauner / David Brauner Insurance Services  
OREP  
6760 University Ave., Suite 250, San Diego, Ca. 92115  
Phone: 888-347-5273; Fax: 619-704-0567; Email: info@orep.org

PAI&A;OP E&Sa a" /Q\* i&aj &A(CP A) & E&Q &E&A  
(T A) & ) a&Uc&A) ^ BU a&A F&A  
P^A @& E&T a& MEG JI A  
U @ ) ^& e&E H I E I G&A V&A e&E H I E I G&A V&A ^&A& , , E&aj a^ E&{ A



Need General Liability (Business)

Insurance? Click to learn more:

[www.orep.org/gl-insurance.htm](http://www.orep.org/gl-insurance.htm)



**PAYMENT PAGE**

**To bind, please fax (or mail) this back with the completed application and payment.**

Premium you selected from application \$ \_\_\_\_\_ Total Due to Bind Insurance

**OREP Benefits (Optional)**

**1. Include all OREP Benefits:** Approved Cont. Ed + \$49.00  
at cost (\$63 savings) Working RE print/online (\$50 value),  
Corporate Pricing/Save on goods/services, other discounts  
and fast, personal service.

**2. OREP Benefits plus FHA Material**  
All the benefits listed above, plus add the [FHA](#) + \$59.00  
[Checklist, Instructions and eBook](#) (\$49 value).

\$ \_\_\_\_\_ **Total due with Optional Benefits**

**I opt-out of the OREP Benefits**

**Faxing Payment by Check. It's Fast, Free and Simple.** Here's how:

1. Complete your check payable to OREP for the total amount due and attach it to this form (below).
2. Sign the authorization below and fax the completed form and check to OREP: **(619) 704-0567 or (619) 269-3884.**
3. Keep the physical check for your records. (Do not mail.)
- 4. Note: Checks drawn on a line of credit can not be processed.**

This check authorizes OREP to charge my bank account as per the attached check:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Your Signature* *Date Signed*

**(Attach your completed check here (over the credit card information) made out to OREP and fax with your completed application to: (619) 704-0567 or (619) 269-3884.)**

Attach Your Check Here

**Payment by Check or Money Order (by mail):** I have enclosed a check for the total amount due.

**Payment by Credit Card**

Type of Card:  MasterCard  Visa

Amount Charged \$ \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of cardholder: \_\_\_\_\_

Date signed \_\_\_\_/\_\_\_\_/\_\_\_\_

OREP: 6760 University Ave. #250 San Diego, CA 92115  
Fax: (619) 704-0567 or (619) 269-3884; Ph: 888-347-5273; email: [info@orep.org](mailto:info@orep.org)