



Errors and Omissions Insurance

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



To be eligible for this application you must be able to answer "true" to statements 1-7 below.
Please contact our office if you are not eligible for this program or need coverage for services not offered under the Express program.

Applicant Firm Name _____

Contact _____

Principal Street Address _____

City _____ County _____ ST _____ ZIP _____

Mailing Address _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____ In lieu of emailing, please mail me 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.

Table with 2 columns: Statement and True/False options. Contains 6 eligibility questions regarding license revocation, involvement in mortgage brokering, exclusive listing agreements, revenue limits, awareness of liability claims, and pre-foreclosure services.

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

Claim Expenses are Outside the Limits of Liability

Deductible Loss & Expense	\$100,000/\$300,000	\$250,000/\$250,000	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$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 = _____.**

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.

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:** _____

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

Please mail, fax or email your application and check payable to your agent:
 David Brauner / David Brauner Insurance Services
 OREP
 6760 University Ave., Suite 250, San Diego, Ca. 92115
 Phone: 888-347-5273; Fax: 708-570-5786, Email: info@orep.org



Need General Liability (Business)

Insurance? Click to learn more:

www.orep.org/gl-insurance.htm



To Bind Insurance: please return (fax/email/mail) completed application & payment using pay-by-check or credit card forms below. Fax: 708-570-5786; Email: info@orep.org

Premium selected from application \$ _____

OREP Service/Processing Fee (annual) + \$50.00
Includes [Benefits](#) (Working RE Mag., savings/ discounts on approved education and more.) \$ _____ **Total Due: Premium + OREP Fee**

() **Financing:** To finance, please check box at left and return completed application **without payment**. A financing agreement will be emailed to you with terms and conditions.

>>**Optional** (added to insurance premium)
() **FHA Inspections eBook** + \$40.00
Makes FHA appraisals Faster and Easier
Proven to speed up and help close deals! \$ _____ Total insurance and FHA eBook

To Bind Coverage, please sign: Total Cost Acknowledged and Accepted by

(Signature of Insured) (Date Signed)

Pay by Check Electronically

1. Make check payable to OREP for total amount due and attach to this form (below).
2. Sign the authorization below and fax or email application with form/check.
3. Keep the physical check for your records. (Do not mail.)
4. **Important: Checks drawn on a line of credit can not be processed.**

Authorization: Signature authorizes OREP to charge bank account as per the attached check:

Your Signature _____ *Date Signed* ____/____/____

→ **If paying by check, attach here, over the credit card area and sign the authorization above.**

Pay by Credit Card

Type of Card: () MasterCard () Visa

Amount Charged: \$ _____

Cardholder's Name: _____

Billing Address: _____

City _____ State _____ Zip: _____

Credit Card Number: _____ Exp. date: ____/____

Cardholder's Signature: _____ Date signed ____/____/____

OREP: 6760 University Ave. #250 San Diego, CA 92115
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