RLI®	Real Estate Profes Property/Casualty I Application	nsurance					
 Percent of Services Rendered: Do these statements accurately descril You currently carry Professional Lia The services you provide are limite You do not perform any constructio If you are an inspector or real estate Yes - These statements accurately resonance in the statements do not accurately resonance in the statements do	bility insurance coverage with d to property appraising, prope on, repair or abatement service e agent, you use standard writ represent your firm. Please con	at least a limit erty inspection s nor do you h ten contracts o nplete the app	es" or "No" bel of \$250,000 pe or real estate hire sub-contra or agreements lication below	er claim. services. ctors to perform th on all of your jobs. for a business own	statements . Tese services. er's quote.		
Effective Date:	General Infor	mation Phone:					
Named Insured: Mailing Address: Contact Person: What states are you licensed in:		Email: Website: FEIN Numb	er:				
Franchise or Associations you are assoc Entity Type: Sole Proprietor Year Business Established:	iated with: Partnership LLC If less than five (5) ye	Corporat		er:			
Annual Revenue: Name of your current Professional Liabies Expiration date of your current Professional Liability policy limits:	· · · · · · · · · · · · · · · · · · ·						
General Liability and Property Loss Information							
Have you had any General Liability Loss Have you had any Property losses withi If "Yes," please provide details including	n the past five (5) years:	escription of t	ne losses, or pr	Yes Yes ovide currently val	No No ued loss runs.		
	General Liability and Pro	perty Cover	ages				
Do you or anyone you employ climb or (Visual inspection from a ladder is a Primary Liability Limits Available: \$500,000 Occurrence / \$1,000,0 \$1,000,000 Occurrence / \$2,000	acceptable.) 000 Aggregate			Yes	No No		
Optional Liability Coverages: Employee Benefits Liability Coverag	ge	Yes	No	Retro Date:			

(The following two general liability options a	re available only if	you don't ha	ve autos titled in th	e business name.)	
Hired and Non-Owned Auto Liability:				Yes	No
Hired Physical Damage Coverage:				Yes	No No
Do you need an Automobile quote? If so, plea	ase answer below t	o see if your	automobile would	be eligible.	
Are the vehicles being covered titled in th (If "No," your auto will not be eligible for			me on this applicati	ion? 🗌 Yes	No
Excess Limits Available (You would need the \$	51M/\$2M Primary L	iability limit i	in order to obtain Ex	cess coverage)	
\$1M \$2M \$	3M 🗌 \$4I	M	\$5M		
General Property Location Information:					
Property Address if Different than Mailing Add	dress:				
Occupancy of your office:	g	Non-	Tenant Combustible ted (Estimates are A	Work out of Masonry Non-Co cceptable): Heating	-
If you own the building a					
Total Square Footage of Building: Number of Stories: Building Automatically Sprinklered: Do you have any tenants: Yes Property Deductible Options: \$50		No Yes," please	e list all tenants an	nd types of busines	ses below:
Building Limit:	 Ild cost to reconstru	ict the buildir	ng if it suffered a tot	tal loss)	
Business Personal Property Limit: (Includes Individual pieces of Field Equipm Computer Data, Tenants Improvements to these items with new replacement items.	nent valued under \$ o your office space.	5,000, Office	e Furniture and Fixtu	ures, Computer Equip	
Total Field Equipment Limit for each piec (Tools and Equipment other than laptop of included in your Business Personal Proper	computers that you			ipment under \$5,000) should be
Additional Interests on your property includi	ng: Mortgages, Los	s Payees, Lea	sed Property, etc.		
Name	Address		Description o	of Property	
Name of and title of person completing form:					
Signature:		Date:			

Signature

Please mail, fax or email your application to your agent: OREP PPB 206B (02/17) Phone: 888-347-5273; Fax: 619-704-0793; Email: info@orep.org