



**Real Estate Professional
Property/Casualty Insurance
Application**

Percent of Services Rendered: % Appraiser % Inspector % Real Estate Agent

Do these statements accurately describe your firm? Please confirm by checking "Yes" or "No" below the qualifying statements.

- You currently carry Professional Liability insurance coverage with at least a limit of \$250,000 per claim.
- The services you provide are limited to property appraising, property inspection or real estate services.
- You do not perform any construction, repair or abatement services nor do you hire sub-contractors to perform these services.
- If you are an inspector or real estate agent, you use standard written contracts or agreements on all of your jobs.

- ☐ Yes - These statements accurately represent your firm. Please complete the application below for a business owner's quote.
- ☐ No - These statements do not accurately represent your firm. Please contact your insurance agent or broker for more information.

General Information

Effective Date: Phone:
Named Insured: Email:
Mailing Address: Website:
Contact Person: FEIN Number:
What states are you licensed in:
Franchise or Associations you are associated with:
Entity Type: ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other:
Year Business Established: If less than five (5) years, provide past experience:
Annual Revenue:
Name of your current Professional Liability Carrier:
Expiration date of your current Professional Liability policy:
Professional Liability policy limits:

General Liability and Property Loss Information

Have you had any General Liability Losses in the past five (5) years: ☐ Yes ☐ No
Have you had any Property losses within the past five (5) years: ☐ Yes ☐ No
If "Yes," please provide details including the date, amount paid, and description of the losses, or provide currently valued loss runs.

General Liability and Property Coverages

Do you or anyone you employ climb onto a roof or into an attic? ☐ Yes ☐ No
(Visual inspection from a ladder is acceptable.)

Primary Liability Limits Available:

- ☐ \$500,000 Occurrence / \$1,000,000 Aggregate
☐ \$1,000,000 Occurrence / \$2,000,000 Aggregate

Optional Liability Coverages:

Employee Benefits Liability Coverage ☐ Yes ☐ No Retro Date:

(The following two general liability options are available only if you don't have autos titled in the business name.)

Hired and Non-Owned Auto Liability: ☐ Yes ☐ No

Hired Physical Damage Coverage: ☐ Yes ☐ No

Do you need an Automobile quote? If so, please answer below to see if your automobile would be eligible.

Are the vehicles being covered titled in the same name as the business name on this application? ☐ Yes ☐ No

(If "No," your auto will not be eligible for an automobile quote)

Excess Limits Available (You would need the \$1M/\$2M Primary Liability limit in order to obtain Excess coverage)

☐ \$1M ☐ \$2M ☐ \$3M ☐ \$4M ☐ \$5M

General Property Location Information:

Property Address if Different than Mailing Address:

Occupancy of your office: ☐ Own the building ☐ Tenant ☐ Work out of my home

Construction: ☐ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible

Year Built: Square footage you occupy:

If older than thirty (30) years old, what years were the following utilities updated (Estimates are Acceptable):

Electrical Plumbing Roof Heating

Security Features (Alarms, Cameras, Motion Lighting, etc.)

If you own the building and it is other than your home please answer the following:

Total Square Footage of Building:

Number of Stories:

Building Automatically Sprinklered: ☐ Yes ☐ No

Do you have any tenants: ☐ Yes ☐ No If "Yes," please list all tenants and types of businesses below:

Property Deductible Options: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

Building Limit:

(The building value should be what it would cost to reconstruct the building if it suffered a total loss)

Business Personal Property Limit:

(Includes Individual pieces of Field Equipment valued under \$5,000, Office Furniture and Fixtures, Computer Equipment, Computer Data, Tenants Improvements to your office space. This limit should be the total value of what it would cost to replace these items with new replacement items.)

Total Field Equipment Limit for each piece of equipment that is valued at \$5,000 or more:

(Tools and Equipment other than laptop computers that you take out into the field. Field equipment under \$5,000 should be included in your Business Personal Property limit.)

Additional Interests on your property including: Mortgages, Loss Payees, Leased Property, etc.

Name	Address	Description of Property

Yield

If you don't need Workers Compensation coverage, you can stop here. Please complete the signature section below this box to obtain your quote. If you need a Workers Compensation quote, please continue to the next section.

Name of and title of person completing form:

Signature:

Date:

Workers Compensation Loss Details and Coverages**Complete this section only if you desire workers compensation coverage for your employees.****(Workers Compensation Coverage is Not Available in Pennsylvania or Texas)****Have you had any Workers Compensation losses within the past five (5) years:**☐ Yes☐ No

If "Yes," please provide details including the date, amount paid, and description of the losses, or provide currently valued loss runs.

Available Employer Liability Limits:☐ \$100,000 Each Accident / \$500,000 Policy Limit Disease / \$100,000 Each Employee Disease☐ \$500,000 Each Accident / \$500,000 Policy Limit Disease / \$500,000 Each Employee Disease☐ \$1,000,000 Each Accident / \$1,000,000 Policy Limit Disease / \$1,000,000 Each Employee Disease**Does the firm own, operate or lease and aircraft?**☐ Yes☐ No**Do you or anyone you employ climb onto a roof or into an attic?**☐ Yes☐ No

(Visual inspection from a ladder is acceptable.)

Estimated Payroll:

State Where Employees Reside	Class Code/Duties Various states may use different codes and/or description of duties	Number of Employees	Estimated Annual Payroll
	8720 Property Inspectors		
	8721 Property Appraisers		
	8721 Real Estate Agents		
	8810 Office Clerical (These employees cannot do any field work)		
	Other if employee duties does not fit above. Please describe in the box below. (Example would be building janitor employed by you) <div></div>		

Officers, Partners & Individuals to be Included or Excluded: (If including, please add their payroll to the above)

Name	Title	Class Code/Duties	Include or Exclude	Ownership %

Name of and title of person completing form:

Signature

Date:

Please mail, fax or email your application to your agent: OREP
Phone: 888-347-5273; Fax: 619-704-0793; Email: info@orep.org