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 (800) 880-2747 PH  
 (858) 618-1655 FAX

Return application to: \_\_\_\_\_ Member #: \_\_\_\_\_

**RENEWAL APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE**

*This application must be completed by the Licensed Broker or designee on behalf of the firm. All questions must be fully answered and the application signed by an owner, officer, or principal of the firm.*

1. Company Name: \_\_\_\_\_ Email address \_\_\_\_\_  
 Broker Name: \_\_\_\_\_ Professional Designations: \_\_\_\_\_
2. # of Brokers: \_\_\_\_\_ # of Agents: \_\_\_\_\_ # of Loan Officers: \_\_\_\_\_ # of Clerical/Unlicensed: \_\_\_\_\_
3. Any material changes in ownership and/or operations or will there be in the next 12 months?  YES  NO
4. Are you aware of any act, error, omission, or other circumstance, which might reasonably be expected to be the basis of a claim or suit against you, or any of your current/past agents, brokers, employees or any of your clients in connection with your provision of professional services?  YES  NO
5. Do you or your agents buy or sell your own properties?  YES  NO  
 If YES: Agent owned property transactions in *past* twelve months \_\_\_\_\_ Projected *next* twelve months \_\_\_\_\_
6. Do you have any outstanding liens or judgments or been in receivership or bankruptcy proceedings in the last five years?  YES  NO If yes, explanation \_\_\_\_\_
7. List Gross Commission Income prior to commission split, if any. List all firm revenue.

Activity	Past Policy Year		Projected Next Policy Year	
	Gross Commission Income	Total Trans (Count Dual as 2)	Gross Commission Income	Total Trans (Count Dual as 2)
Residential Real Estate Sales	\$	#	\$	#
Commercial Real Estate Sales	\$	#	\$	#
Vacant Land Sales	\$	#	\$	#
Real Estate Counseling/Consulting	\$	#	\$	#
1-4 Units Real Estate Leasing Fees	\$	#	\$	#
5+ Units Real Estate Leasing Fees	\$	#	\$	#
Commercial Real Estate Leasing Fees	\$	#	\$	#
Real Estate Appraisal	\$	#	\$	#
Commercial Appraisal	\$	#	\$	#
1-4 Units Property Mgt. Fees	\$	#	\$	#
5+ Units/Commercial Property Mgt. Fees	\$	#	\$	#
Mortgage Brokering	\$	#	\$	#
Mortgage Banking	\$	#	\$	#
Escrow-Broker Held _____ or 3 <sup>rd</sup> Party _____	\$	#	\$	#
Business Opportunities	\$	#	\$	#
Other _____	\$	#	\$	#

8. 3 largest residential sale prices sold in past 12 months: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
9. Average sale price of properties sold in past 12 months: \$ \_\_\_\_\_
10. Percent of transactions covered by home warranties: \_\_\_\_\_% Companies used: \_\_\_\_\_
11. Percent of sales using transaction coordinator: \_\_\_\_\_%
12. Do you intend to, or have you discussed with any developer, contractor or Homeowners association listing for sale any new condominium project or condominium conversion project?  YES  NO If yes, please explain:  
 \_\_\_\_\_
13. Are you, or have you ever listed a new condominium project or condominium conversion project?  YES  NO

**Mortgage Activity**

14. Are you engaged in mortgage brokering?  YES  NO **\*\*If YES complete this section. If NO, skip this section.**

14a. Average Loan Amount: \$ \_\_\_\_\_ Value of largest mortgage: \$ \_\_\_\_\_

14b. What percentage of your total loans are Construction Loans? \_\_\_\_\_%

14d. Do you perform any underwriting duties?  YES  NO

14e. Do you solicit investors/use your own capital in loans your broker?  YES  NO

14f. Do you hold loans longer than 30 days?  YES  NO

14g. Do you fund any:

Loans via a warehouse line of credit or other means in your own name?  YES  NO

Loans without having advance written commitment from an investor?  YES  NO

Reverse Mortgages?  YES  NO

14h. Do you provide loan servicing duties?  YES  NO

14i. Do you have a fidelity or employee dishonesty bond?  YES  NO

If yes: Carrier Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Limit: \_\_\_\_\_

14j. Do you have written procedures for compliance with:

Truth in Lending?  YES  NO

Equal credit Opportunity Act?  YES  NO

Real Estate Settlement Procedures Act?  YES  NO

14k. Have you ever had a correspondent relationship terminated by an investor?  YES  NO

14l. Do you perform audits?  YES  NO How Often? \_\_\_\_\_ Date of last audit: \_\_\_\_\_

14m. What percentage of your total loans are: A loans \_\_\_\_\_% B loans \_\_\_\_\_% C loans \_\_\_\_\_% (must equal 100%)

14n. What percentage of loans:

Have a Yield Spread Premium? \_\_\_\_\_% Are Jumbo Loans? \_\_\_\_\_% Are Combo Loans? \_\_\_\_\_%

14o. What percentage of gross revenues are from conforming loans? \_\_\_\_\_%

**Commercial Activity**

15. Are you engaged in commercial real estate sales?  YES  NO **\*\*If YES complete this section. If NO, skip this section.**

15a. Provide percentages of type of commercial transactions for the past 3 years below:

<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>
Office Leasing Habitational Leasing (5+Units) Warehouse Leasing Prop. Mgmt (5+Units)  _____% <b>Column #1</b>	Office Sales Warehouse Sales Raw Land zoned commercial Habitational (5-29 units sales)  _____% <b>Column #2</b> <b>**All columns must total 100%**</b>	Habitational (30+ unit sales) Research & Development Industrial/Manufacturing Entitlement Operations  _____% <b>Column #3</b>

15b. List the 3 highest sale prices and what type of commercial they were in the past 3 years:

\$ \_\_\_\_\_ Type \_\_\_\_\_ \$ \_\_\_\_\_ Type \_\_\_\_\_ \$ \_\_\_\_\_ Type \_\_\_\_\_

15c. Do you have dedicated agents conducting your commercial transactions?  YES  NO

15d. How often do you represent: Buyer Only: \_\_\_\_\_% Seller Only: \_\_\_\_\_% Dual: \_\_\_\_\_% (Must equal 100%)

15e. Does your office employ attorneys to assist with commercial contracts?  YES  NO

15f. Do you plan to do any commercial transaction in the next 12 months?  YES  NO

If yes, what type \_\_\_\_\_

**X Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR A PRINCIPAL OF THE FIRM**

**Fax completed application to (858) 618-1655**

This insurance is written on a Claims-made basis; therefore, only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means a demand for money or services, or the filing of suit or institution of arbitration or mediation proceedings naming an Insured that may allege a negligent act, error, omission or personal injury resulting from the rendering of or failure to render professional services.

**THIS APPLICATION IS FOR QUOTATION PURPOSES ONLY AND DOES NOT BIND THE COMPANY TO ISSUE INSURANCE**

I certify that I have read this application in full and that all information I have provided is true and complete to the best of my knowledge. I agree that any policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, coverage limits or deductibles, or other terms as a result of facts requested here, or other underwriting factors. I further understand that any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of my insurability may result in a rescission of coverage. I further understand and agree that if any remittance by us or on our behalf, is not honored by my bank, coverage may be rescinded and there will be no coverage afforded under this application or any subsequent binder, policy or renewal.

This application and supporting documents, addenda or modifications shall constitute the entire application. The application warrants that all information contained therein is true and accurate and that he/she has the authority to provide the information and execute the application whether the signature is received via facsimile or original. This application is a critical part of any policy issued in the connection with it.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or a 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 the person to criminal (FL-felony in the third degree) and civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT, in DC, LA, ME, TN and VA, insurance benefits may also be denied)