

**Enrolling As** (Select all that apply)     **Agent**     **Broker**     **Firm** (Covers only the firm entity, no individual licensees)

**COMPLETE THE BOX BELOW OR ATTACH A COPY OF YOUR LICENSE(S)**

Licensee Name	Firm Name (if applicable)	License Number(s) or "pending"
Mailing Address	City	State    Zip Code

**01/1/14** or \_\_\_\_\_

Effective Date

Phone Number \_\_\_\_\_

Email Address (where policy will be sent) \_\_\_\_\_

Only the activities listed below are covered. Gross Commission Income (GCI) must be \$150,000 or less with no claims, or complaints with CREC.

**Past 12 Month Gross Commission Income By Activity:**

Residential Real Estate	\$	_____
Commercial Sales		
Property Management/Leasing	\$	_____
Land Sales	\$	_____
Broker Held/First Party Escrow	\$	_____
Residential Leasing/Prop. Mgmt.	\$	_____
Residential Appraisal/Consulting <small>(Appraisal GCI Cannot Exceed 20% of Total GCI)</small>	\$	_____
<b>TOTAL:</b> (Cannot Exceed \$150k)	\$	_____

<b>CREC Minimum Coverage of \$100k/\$300k</b>	<b>\$165</b>
Seller's E&O Coverage   \$1,000 Deductible   First Dollar Defense   Agent Owned Property   Agent Pre-Paid Legal Services   Prior Acts / Retro Date Coverage   Fair Housing / Discrimination Coverage   Lockbox Coverage   Megan's Law   Franchise Coverage   Escrow Disputes   Claims Expense Outside Limits	
Environmental To Limits	<b>Add \$7</b>
Contingent Bodily Injury/ Property Damage	<b>Add \$7</b>
Increase Limits to \$1mil./\$1mil. Liability	<b>Add \$13</b>
Property Management or Appraiser (each)	<b>Add \$13</b>
<b>Total Premium &amp; Fees</b> (per license) \$	_____

I certify that I have never had a claim brought against me and I am not aware of any circumstances that might lead to a claim in connection with the coverage requested. No complaints have been lodged against me, my license or the business and I and/or the business is in good standing with the appropriate State Authorities. This insurance is offered on a Claims-made-and-reported basis. Only claims first made against you and reported to the Company within the policy period are potentially covered, subject to other 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.

I certify that I have read this application in full and that all information I 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.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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 may subject such person to criminal and substantial civil penalties.

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**If paying by check, attach a copy of your voided check and complete the information below.**

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

**Mail Form and Check To: CRES Insurance Services  
P.O. BOX 500810 | San Diego, CA 92150**

I agree with my signature above that there is a required minimum premium which is noted on the quote page, and I authorize CRES Insurance Services, LLC to charge the difference between the premiums received and any outstanding premiums owed in the event that the total premium payments received at cancellation, or expiration don't meet the required minimum set by the insurance carrier. ACH authorizations allow CRES Insurance Services to initiate debt/credit entries to my account for payment(s) due. I also agree that there will be a return check charge of \$25.00, for any dishonored instrument and here by waive my rights to notification.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_