

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

P.O. Box 29502 #69121 | Las Vegas, NV 89126 | P: (858) 618-1648 | F: (619) 378-6576 | cresinsurance.com

Return Application to: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Lic# \_\_\_\_\_ Email: \_\_\_\_\_

Best Phone# to Reach You: \_\_\_\_\_ Fax# \_\_\_\_\_

**Named Insured Information**

Form of Business Entity:  Individual Licensee  Sole Proprietorship  Partnership  LLC  Corporation

Name of Entity: \_\_\_\_\_ Lic# \_\_\_\_\_

Preferred DBA Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Professional Memberships [i.e. Nat'l Assoc of Realtors (NAR)]: \_\_\_\_\_

#Brokers: \_\_\_\_\_ #Agents: \_\_\_\_\_ (Full-Time) \_\_\_\_\_ (Part-Time\*) #Loan Officers: \_\_\_\_\_ #Unlicensed: \_\_\_\_\_

\*Part-Time agents are those that conducted no transactions in the prior 12 months.

Yes  No Has any policy for the above entity been declined, cancelled or nonrenewed in the past 5 years?

Yes  No Have any claims been made during the past 5 years against you, current/past agents, brokers, employees or clients in connection with your provision of professional services? (If yes, current loss runs needed)

Yes  No 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, current/past agents, brokers, employees or clients in connection with your provision of professional services? (If yes, details needed)

Yes  No Are any principals an active attorney with a practice in any field?

Yes  No Do you have a Market Service Agreement (MSA) or cost-sharing agreement? (if yes, attach Market Service Agreement or cost-sharing agreement)

Yes  No Does more than 25% of your total revenue come from a single source?

Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Prior Acts Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (attach current declarations page)

Requested Limits:  \$500,000/\$500,000  \$500,000/\$1,000,000  \$1,000,000/\$1,000,000  OTHER:

Requested Deductible:  \$2,500  \$5,000  \$10,000  OTHER: \$ \_\_\_\_\_

Please list your real estate E&O insurance policy info for last year (where applicable):

Policy Start Date	Carrier Name	Liability Limits	Deductible	Premium

# Insured Services Information

Activity	Past 12 Months		Projected	
Be sure to list all revenue for activities you are seeking coverage for. Newly established, please project.	Gross Commission Revenue	Total Transaction	Gross Commission Revenue	Total Transaction
<b>Real Estate Sales</b>				
1-4 Residential Units				
5+ Residential Units				
Commercial				
Raw, Vacant, or Partially Developed Land				
<b>Property Management</b>				
1-4 Residential Units - Managed				
5+ Residential Units - Management				
Commercial - Managed				
Seasonal / Vacation - Managed				
Leasing				
Commercial – Leasing Only				
Residential – Leasing Only				
<b>Mortgage</b>				
Mortgage Brokering				
Mortgage Banking				
<b>Escrow</b>				
Broker - Held				
3 <sup>rd</sup> Party (Escrow Lic #)				
<b>Miscellaneous</b>				
Business Broker / Business Opportunity				
Residential Real Estate Appraisals				
Homeowners Association Fees (HOA)				
Broker Price Opinion				
Real Estate Counseling / Consulting *				
Referrals				
Transaction Coordination				
Other				

# Real Estate Sales Questionnaire

## 1-4 Unit Residential Real Estate Sales

Average Residential Sales Price:  Less than \$750,000  \$750,000-\$1,000,000  \$1,000,000+

For Residential Sales, what has been your top 3 sales price in the past 12 Months?

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Dual Agent Transaction % \_\_\_\_\_ Transaction Coordinator% \_\_\_\_\_ Owned Property Sales% \_\_\_\_\_ Home Warranty% \_\_\_\_\_

## 5+ Unit Residential Real Estate Sales

*Apartment buildings 5 units or greater*

Yes  No Do you sell or anticipate to sell Apartment buildings that exceed 30 units?

## Commercial Sales

*Office, Warehouse, or Non-anchor retail*

Yes  No Do you sell or anticipate to sell any of the following property types: Industrial/Manufacturing, Anchor Retail, Entitlement Operations, Research and Development?

Please provide Highest Sales Price and Type of Property Sold for the past 12 months.

Sales Price \$ \_\_\_\_\_ Type \_\_\_\_\_

Sales Price \$ \_\_\_\_\_ Type \_\_\_\_\_

Sales Price \$ \_\_\_\_\_ Type \_\_\_\_\_

## Land Sales

*Raw, Vacant or Partially Developed Land Sales*

Yes  No Land transaction in last 12 months over 10 acre?

Please Provide top 3 Land Deals for the last 12 months:

Land Deal Price \$ \_\_\_\_\_ Type \_\_\_\_\_ Acreage \_\_\_\_\_

Land Deal Price \$ \_\_\_\_\_ Type \_\_\_\_\_ Acreage \_\_\_\_\_

Land Deal Price \$ \_\_\_\_\_ Type \_\_\_\_\_ Acreage \_\_\_\_\_

## Miscellaneous Questionnaire

### Real Estate Consulting/Counseling

*Must relate to activities available for coverage*

Describe Consulting/Counseling Activity-

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### Broker Price Opinions

If Past 12 Month Sides/Transactions is 100+:

Yes  No 50% or more of BPOs for short sales?

Yes  No 50% or more from the same source?

### Business Brokerage/Opportunities

What type(s) of business brokerage do you anticipate in the coming 12 months?

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Yes  No Dedicated agents for Business Brokerage activities?

*If Yes:*

Name of Agent? \_\_\_\_\_

# of Years Experience? \_\_\_\_\_

Top Business Brokerage/Opportunity Transactions in the past 12 months:

Please provide Type of Business and Sales price:

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## Mortgage / Escrow Questionnaire

Entity License: \_\_\_\_\_ Years Experience: \_\_\_\_\_ State Licensed \_\_\_\_\_

### Mortgage Brokering

Please Provide the Percentage of the following:

Commercial Loans \_\_\_\_\_% Residential Loans: \_\_\_\_\_% Other: \_\_\_\_\_% Loan Modifications: \_\_\_\_\_%

Largest Single Mortgage Brokered in the past 12 months \$ \_\_\_\_\_

Clients are not required to use your brokering services when operating as real estate agent/broker.

Yes  No

### Mortgage Banking

Do you/your firm:

- Yes  No Handle Reverse Mortgages?
- Yes  No Have warehouse lines open longer than 30 days?
- Yes  No Handle hard money or non-CFL licensed entity loans?
- Yes  No Provide underwriting or servicing duties?

### 3rd Party Escrow

- Yes  No Do you have a fidelity bond in place to match the average earnest money deposit?
- Yes  No Are you SOC I or SOC II Compliant?

If No, do you/your firm:

- Yes  No Require written contract/instruction for each closing?
- Yes  No Require verbal communication on any changes to standard instruction?
- Yes  No Have a regular audit conducted by an independent CPA firm?
- Yes  No Have your records audited by the title underwriter?
- Yes  No Require "good funds" (direct wire, cashier's or certified check) for each closing?

## Property Management / Leasing / Appraisal Questionnaire

### 1-4 Unit Residential Property Management/Leasing

*Single family home up to a 4-plex*

Yes  No Do you/firm lease or manage properties in which you have an ownership interest?

*If Yes, please explain the property:*

### 5+ Unit Residential Property Management/Leasing

*Apartment buildings 5 units or greater*

Yes  No Lease or manage apartments that exceed 30+ units?

### Commercial Property Management/Leasing

*Office, Warehouse, or Non-anchor retail*

Yes  No Lease or manage Industrial/Manufacturing, Anchor Retail, Entitlement Operations or Research & Development?

### HOA Management

Yes  No Do you manage any community or homeowners associations with greater than 30 units or associations less than 10 years old?

### Appraisal Service

Entity License (Appraisal License number): \_\_\_\_\_

Yes  No Do you provide appraisal services in states you're not licensed?

Yes  No Do you appraise properties you have full or partial ownership in?

Yes  No Have you been disciplined by any board in the last 5 years?

Yes  No Do you appraise other than residential (1-4 units) real estate?

Yes  No Do you perform desk reviews?

*If Yes, Is your desk review income greater than 10% of appraisal income?*  Yes  No

## Limited Cyber Coverage Option

- Yes  No Has your firm suffered a breach of personal information in the past 12 months?
- Yes  No Do you ("the insured") conduct background screens for prospective staff?
- Yes  No Is there a written document retention/destruction policy in place?
- Yes  No Do you ("the insured") maintain regularly updated computer security measures (i.e. firewall, secured wireless connectivity, virus protection)?
- Yes  No Are your employee, customer, and other physical records maintained in a secure environment with limited access?

## Workers Compensation Coverage Option

FEIN \_\_\_\_\_

Real Estate Agents – Full time/Part time \_\_\_\_\_ Commission Paid \_\_\_\_\_

Mortgage officers – Full time/Part time \_\_\_\_\_ Commission Paid \_\_\_\_\_

Clerical Only – Full time/Part time \_\_\_\_\_ Payroll \_\_\_\_\_

Other – please describe and provide the above

List of Owners, percentage of ownership, payroll/commission/income per owner.

\_\_\_\_\_  
\_\_\_\_\_

## General Liability Coverage Option

- Yes  No Do you have an existing General Liability Policy; Please attach a copy for quoting purposes.

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



A Gallagher Affinity Division

PROPERTY MANAGEMENT SUPPLEMENT

(Non-California v0820)

PO Box 29502 #69121, Las Vegas, Nevada 89126-9502 | Payments ONLY: PO Box 847125, Los Angeles, CA 90084-7125 (858) 618-1648 | Fax: (619) 378-6576 | CRES@CRESInsurance.com | www.cresinsurance.com

Account# or Named Insured: \_\_\_\_\_

Please check the appropriate response for each question:

Yes  No All your property managers have 3+ years of experience in property management services. If NO: Please provide details on oversight and training of less-experienced personnel:

\_\_\_\_\_  
\_\_\_\_\_

Yes  No You perform inspections, at least annually, on each property managed.

Yes  No You have a written property management agreement that specifies your scope and duties as a property manager.

Yes  No Your written property management agreement contains express indemnification language requiring the owner to defend & indemnify you against all claims and lawsuits.

Yes  No You are listed as Additional Insured on the landlord's policy.

Yes  No State guidelines are strictly followed, and owner is always involved, for any eviction.

List any Property Management Associations in which you are a member: (EX. CPM) \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_