

PO Box 29502 #69121 | Las Vegas, NV 89126-9502 | (858) 618-1648 | Fax (858) 618-1655 | [www.cresinsurance.com](http://www.cresinsurance.com)

Name of Insurance Agent: \_\_\_\_\_ License# \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ License# \_\_\_\_\_

Email: \_\_\_\_\_

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

## Named Insured Information

State(s) where you want coverage: \_\_\_\_\_

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

Name of Entity: \_\_\_\_\_ License# \_\_\_\_\_

DBA Names (if any): \_\_\_\_\_

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

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

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

Franchise Affiliation (if any): \_\_\_\_\_

Current Number of:

Brokers: \_\_\_\_\_ Full Time Agents/Prop Mgrs/Appraisers/Escrow Officers/Independent Contractor: \_\_\_\_\_

Part Time or Inactive Agents/Prop Mgrs/Appraisers/Escrow Officers/Independent Contractors: \_\_\_\_\_

Loan Officers: \_\_\_\_\_ Unlicensed Employees: \_\_\_\_\_

## Underwriting Questions

☐ YES ☐ NO Have any claims (a demand for money or services that alleges a negligent act, error, or omission in the rendering of or failure to render **Insured Services**. Filing of suit or demand for arbitration or mediation proceeding naming the Insured qualifies as a **Claim**.) 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 or anyone to whom this insurance would apply aware of any act, error, omission, or other circumstance, including licensing or board complaints, which might reasonably be expected to be the basis of a claim or suit against any party involved where you/your firm provided professional services? (If so, please provide details)

☐ YES ☐ NO Have you or anyone to whom this insurance would apply, received a subpoena or request for records associated with any transaction? (If so, please provide details)

☐ YES ☐ NO Do you have ownership interest in any developer, builder or construction company? (If yes, details needed)

☐ YES ☐ NO Have you or anyone to whom this insurance would apply had their license revoked, been investigated or been subject to any disciplinary action by any licensing board or other regulatory body during the past five years?

## Underwriting Questions - *Continued*

- ☐ YES ☐ NO Do you or an affiliate perform real estate development or auctioneering?
- ☐ YES ☐ NO Does more than 25% of total revenue come from a single client?
- ☐ YES ☐ NO Has any policy for the above entity been declined, cancelled or non-renewed in the past 5 years?
- ☐ YES ☐ NO Are any principals an active attorney with a practice in any field?
- ☐ YES ☐ NO Do you have any Market Service Agreements (MSA) or another cost-sharing agreement?

If yes: Please include a copy of your Market Service Agreement or cost-sharing agreement for our review.

- ☐ YES ☐ NO Have you had any claims on a Business Owner's Policy in the past 5 years?

## Coverage Information *(This section not applicable if CRES renewal)*

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

- ☐ YES ☐ NO Would you like a quote with full prior acts coverage?

Requested Limits: ☐ \$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000 ☐ \$2,000,000/\$2,000,000 ☐ OTHER: \$\_\_\_\_\_

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

Please list your real estate E&O insurance policy info for the past 3 years (where applicable):

Policy Start Date	Carrier Name	Liability Limits	Deductible	Premium

## Computer Security Information

- ☐ YES ☐ NO Has your firm suffered a breach of personal information in the past 12 months?
- ☐ YES ☐ NO Do you conduct background screens for prospective staff?
- ☐ YES ☐ NO Is there a written document retention/destruction policy in place?
- ☐ YES ☐ NO Do you 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?

## Insured Services Information

Coverage will only be provided for your activity selections. Please provide the gross revenue breakdown of past activities and projected activities that you would like to cover (Gross revenues are defined as all fees and commission BEFORE expenses, including fees, commissions splits and bonuses payable to employees and independent contractors):

\*Mortgage Brokering does NOT provide coverage for: underwriting duties, servicing loans, commercial, reverse mortgages, soliciting/using own capital, private money/non-institutional loans and loans funded without prior commitment. Non-institutional loans are loans not funded through a bank or credit union.

ACTIVITY	Past 12 Months		Projected Next 12 Months	
<i>Be sure to list all revenue for activities for which you are seeking coverage</i>	Gross Revenue	Total Trans Count Dual as 2	Projected Gross Revenue	Total Trans Count Dual as 2
<b>REAL ESTATE SALES</b>				
1-4 Residential Units <sup>1</sup>	\$		\$	
5+ Residential Units <sup>2</sup>	\$		\$	
Office, Warehouse, Non-Anchor Retail <sup>2</sup>	\$		\$	
Raw, Vacant, or Partially Developed Land <sup>3</sup>	\$		\$	
<b>PROPERTY MANAGEMENT</b>				
1-4 Residential Units <sup>4</sup>	\$		\$	
5+ Residential Units <sup>4</sup>	\$		\$	
Commercial <sup>4</sup>	\$		\$	
Seasonal/Vacation Units <sup>4</sup>	\$		\$	
<b>LEASING</b>				
1-4 Residential Units <sup>4</sup>	\$		\$	
5+ Residential Units <sup>4</sup>	\$		\$	
Commercial <sup>4</sup>	\$		\$	
HOA Management	\$		\$	
Seasonal/Vacation Units <sup>4</sup>	\$		\$	
<b>MISCELLANEOUS</b>				
Mortgage Brokering <sup>*5</sup>	\$		\$	
Mortgage Banking <sup>5</sup>	\$		\$	
3 <sup>rd</sup> Party Real Property Escrow <sup>6</sup> (Lic#_____)	\$		\$	
Broker Held Escrow	\$		\$	
Real Estate Counseling/Consulting <sup>7</sup> (Describe:_____)	\$		\$	
Residential Real Estate Appraisal <sup>8</sup>	\$		\$	
Business Brokerage/Opportunities <sup>9</sup>	\$		\$	
Transaction Coordination	\$		\$	
Broker Price Opinion	\$		\$	
Referrals	\$		\$	
Other (Describe:_____)	\$		\$	

<sup>1-9</sup> Please complete the appropriate sections below with additional information for all applicable activities

### **<sup>1</sup> Residential Real Estate Details**

Average Residential Sales Price in the past 12 Months: \$ \_\_\_\_\_

Top 3 Residential Sales Prices in the past 12 Months: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Percent of closings which include a Home Warranty: \_\_\_\_\_%

Percent of closings which involve a Transaction Coordinator (must be someone other than the broker): \_\_\_\_\_%

☐ YES ☐ NO Do you/your firm represent both sides of a single transaction (dual representation) more than 25% of the time?

☐ YES ☐ NO Do you or your agents buy or sell your own (yours or a direct relative's) properties?

If yes: How many in the past 12 months: \_\_\_\_\_ Anticipated in the coming 12 months: \_\_\_\_\_

If yes: ☐ YES ☐ NO Was more than 25% of your activity in the past 12 months from this?

☐ YES ☐ NO Have you had any transaction within the past 3 years valued over \$2,000,000?

☐ YES ☐ NO Are you, or anyone for which this insurance applies, engaged in activities involving property "flipping"? (Flipping refers to the buying, rehabbing and selling of properties in a short timeframe, typically less than one year.)

### **<sup>2</sup> Commercial Real Estate Details**

☐ YES ☐ NO Do you sell or anticipate to sell Apartment buildings that exceed 30 + units, Industrial/Manufacturing, Anchor Retail, Research & Development; or work on Entitlement Operations? Top 3 Commercial Sales Prices &

Description in the past 12 months:

\$ \_\_\_\_\_ Description: \_\_\_\_\_

\$ \_\_\_\_\_ Description: \_\_\_\_\_

\$ \_\_\_\_\_ Description: \_\_\_\_\_

### **<sup>3</sup> Land Details** (Residential/Commercial/Agricultural)

☐ YES ☐ NO Do land sales account for 30% (20% if FL or 15% if TX) or more of your total commission income?

How many acres was the largest land transaction in the past 12 months? \_\_\_\_\_

Top 3 Land Sales Prices, Type & Acreage in the past 12 Months:

\$ \_\_\_\_\_ Type: \_\_\_\_\_ Acreage: \_\_\_\_\_

\$ \_\_\_\_\_ Type: \_\_\_\_\_ Acreage: \_\_\_\_\_

\$ \_\_\_\_\_ Type: \_\_\_\_\_ Acreage: \_\_\_\_\_

### **<sup>4</sup> Property Management/Leasing Details**

☐ YES ☐ NO Do you manage any community or home owners associations with greater than 30 units or associations less than 10 years old?

☐ YES ☐ NO Do you lease or manage Apartments that exceed 30 + units, Industrial/Manufacturing, Anchor Retail, or Research & Development?

☐ YES ☐ NO Are any leased or managed properties owned (in part or full) by an insured?

### **<sup>5</sup> Mortgage Brokering/Banking**

Please provide the percentage of the following:

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

Largest single mortgage brokered in the past 12 months? \$ \_\_\_\_\_

- ☐ YES ☐ NO Clients are not required to use your brokering services when operating as real estate agent/broker?
- ☐ YES ☐ NO Do you handle reverse mortgages?
- ☐ YES ☐ NO Do you have warehouse lines open longer than 30 days?
- ☐ YES ☐ NO Do you handle hard money or non-CFL licensed entity loans?
- ☐ YES ☐ NO Do you provide underwriting or servicing duties?
- ☐ YES ☐ NO Are you or have you ever been involved in non-institutional lending, hard money loans, or loans funded with personal capital? (These services are NOT covered)

### **6<sup>th</sup> Party Escrow**

- ☐ YES ☐ NO Do you require written contracts/instructions for each closing?
- ☐ YES ☐ NO Do you require verbal communication on any changes to standard contracts/instructions?
- ☐ YES ☐ NO Do you have a regular audit conducted by an independent CPA Firm?
- ☐ YES ☐ NO Do you require "good funds" (direct wire, cashier's or certified check) for each closing?
- ☐ YES ☐ NO Do you provide escrow services for anything other than real property transactions?
- ☐ YES ☐ NO Have you ever provided long-term (greater than 180 days) escrow services?

### **7<sup>th</sup> Real Estate Counseling/Consulting**

Describe counseling/consulting activity:

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### **8<sup>th</sup> Appraisal**

- ☐ YES ☐ NO Do you provide appraisals in states where you DO NOT hold a valid license?
- ☐ YES ☐ NO Are you involved in any appraisal activities for properties other than 1-4 residential units?
- ☐ YES ☐ NO Are you currently Blacklisted, or subject to 100% review with any GSE (ie. Fannie Mae, Freddie Mac), AMC, or Financial Institution?
- ☐ YES ☐ NO Do you need to add coverage for desk reviews?
- ☐ YES ☐ NO Is your desk review income greater than 10% of your appraisal income?

### **9<sup>th</sup> Business Brokerage/Opportunity Details**

Top 3 Business Brokerage/Opportunity Sales Prices & Types of Transactions in the past 12 months:

\$\_\_\_\_\_ Type: \_\_\_\_\_ Building Included: ☐ YES ☐ NO

\$\_\_\_\_\_ Type: \_\_\_\_\_ Building Included: ☐ YES ☐ NO

\$\_\_\_\_\_ Type: \_\_\_\_\_ Building Included: ☐ YES ☐ NO

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

- ☐ YES ☐ NO Do you have dedicated agents for business brokerage activities?

If yes: Who? \_\_\_\_\_ License# \_\_\_\_\_

#Years' Experience: \_\_\_\_\_ #Deals in past 5 years: \_\_\_\_\_ (specific to business brokerage)

### Workers Compensation Details

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 – If additional space is needed, please provide details on another page

Owner Name	Ownership %	Payroll/Commission/Income Per Owner

### General Liability Details

☐ YES ☐ NO Do you have an existing General Liability Policy? (Please attach a copy for quoting purposes)

NOTE: Early cancellations subject to minimum earned premium up to \$858 and/or a short rate charge of 10%. Per transaction policies are subject to a service charge for late payments up to \$15.

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

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

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

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO IDAHO APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO INDIANA APPLICANTS:** Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**NOTICE TO KANSAS APPLICANTS:** A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to

defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEVADA APPLICANTS:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person, who knowingly and with intent to injure defraud or deceive any Insurer, makes a Claim for the Proceeds of an Insurance Policy containing any false Incomplete or misleading Information, is guilty of a felony. Oklahoma Statutes 36 O.S. 3613.1 O.R. 365: 15-1-10(c)

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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 such person to criminal and civil penalties.

**NOTICE TO SOUTH DAKOTA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO TENNESSEE & VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO APPLICANTS:** 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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YES NO Are you SOC I or SOC II Compliant? (If yes, skip the rest & sign the bottom)

SOC (Standard Organization Controls) is part of SSAE 16. SOC I is an audit report on your financial reporting controls. SOC II is an audit report on systems procedures that relate to security, information integrity and overall system privacy

Do you or your firm:

YES NO Require a written contract or instruction for each closing/settlement?

YES NO Require and document signatures on any changes to standard instruction?

YES NO Require verbal/phone communication on any changes to standard instruction?

YES NO Have a regular audit conducted by an independent CPA firm?

YES NO Have the records audited by the title underwriter?

YES NO Require "good funds" (Direct Wire, Cashier's or Certified Check) for each closing?

Please provide the following:

Most recent Audit letter from an independent CPA indicating overall findings or recommendations in cash control.

Internal policies, procedures and practices set forth by your office to prevent potential escrow claims.

Any additional information or comments in regards to risk management for your escrow activities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# PROPERTY MANAGEMENT SUPPLEMENT

This supplement 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.

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Years of property management experience: \_\_\_\_\_

If average years of experience for all staff handling property management services is less than 3 years, what oversight and training is provided for property managers of less experience? \_\_\_\_\_

Property management professional designations held: \_\_\_\_\_

Total # units managed: \_\_\_\_\_ Of units managed, how many tenants are more than 30 days past due on rent? \_\_\_\_\_

Consider you or any or you to whom this insurance will apply...	YES	NO
Ownership interest in any of the units managed? (IF YES, NOT COVERED)		
Are all managed properties in full compliance with statutory and regulatory requirements for persons with a physical handicap?		
Use a contract for all units managed that contain both a hold harmless and indemnification clause? (IF NO, CLAIMS NOT COVERED)		
Use a contract for all units managed, that clearly defines the scope of services being performed? (IF NO, CLAIMS NOT COVERED)		
For all units managed, obtain proof of liability insurance from the owner?		
Manage or implement any construction, renovation or reconstruction projects on the properties you manage?		
More than 25% of income from units financed by Housing and Urban Development (HUD) or any government subsidized housing program?		
In the last five years, has any claim, suit, inquiry, complaint, notice of charge or notice of hearing related to the coverage applied for, been made or brought against the Applicant or any entity or person proposed for this insurance? These include but are not limited to actions involving (1) errors and omissions, (2) discrimination, or harassment (3) Fair Housing Act violations (4) wrongful eviction/personal injury.		
Manage any community or home owners associations with greater than 30 units or associations less than 10 years old? (Leave Blank if not doing HOA Management)		

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

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

Signature: \_\_\_\_\_

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

Use this link if you would prefer to complete online:

<https://info.cresinsurance.com/acton/fs/blocks/showLandingPage/a/3610/p/p-004b/t/page/fm/0>