



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.

PO Box 29502 #69121 | Las Vegas, NV 89126-9502 | P: (858) 618-1648 | F: (619) 378-6576 | cresinsurance.com

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

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

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

**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,NARESP)]: \_\_\_\_\_

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

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

List all states in which the applicant operates and the percentage of revenue for each state: \_\_\_\_\_

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	Number of Transactions	Gross Commission Revenue	Number of Transactions
<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 1 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 3 Business Brokerage Opportunity sales prices and business types in the past 12 months:

Type of Business	Sale Price	Was The Building Included?	
_____	\$ _____	Yes	No
_____	\$ _____	Yes	No
_____	\$ _____	Yes	No

## 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

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

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

Signature: \_\_\_\_\_ 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? <b>(IF YES, NOT COVERED)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Where statutory and regulatory requirements apply, Are all management properties in full compliance with statutory and regulatory requirements for persons with a physical handicap?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Use a contract for all units managed that contain both a hold harmless and indemnification clause? <b>(IF NO, CLAIMS NOT COVERED)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Use a contract for all units managed, that clearly defines the scope of services being performed? <b>(IF NO, CLAIMS NOT COVERED)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
For all units managed, obtain proof of liability insurance from the owner?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other than standard cosmetic changes for tenant turnover purposes do you manage or implement any construction, renovation or reconstruction projects on the properties you manage?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
More than 25% of income from units financed by Housing and Urban Development (HUD) or any government subsidized housing program?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

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