



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: _____

- Has any policy for the above entity been declined, cancelled or nonrenewed in the past 5 years?
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?
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?
Are any principals an active attorney with a practice in any field?
Do you have a Market Service Agreement (MSA) or cost-sharing agreement?
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):

Table with 5 columns: 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
Real Estate Sales				
1-4 Residential Units				
5+ Residential Units				
Commercial				
Raw, Vacant, or Partially Developed Land				
Property Management				
1-4 Residential Units - Managed				
5+ Residential Units - Management				
Commercial - Managed				
Seasonal / Vacation - Managed				
Leasing				
Commercial – Leasing Only				
Residential – Leasing Only				
Mortgage				
Mortgage Brokering				
Mortgage Banking				
Escrow				
Broker - Held				
3 rd Party (Escrow Lic #)				
Miscellaneous				
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-

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?

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: ____/____/____

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)	<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? (IF NO, CLAIMS NOT COVERED)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Use a contract for all units managed, that clearly defines the scope of services being performed? (IF NO, CLAIMS NOT COVERED)	<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: ____/____/____