



**REAL ESTATE PROFESSIONAL ERRORS AND OMISSIONS
INSURANCE RENEWAL APPLICATION**

Note: Failure to submit a completed application in a timely manner could jeopardize your prior acts coverage.

Named Insured: _____

Policy No.: _____ Effective Date: _____ Pearl I.D.: _____

Has your street, mailing address, phone, fax or e-mail address changed? If yes, please correct below.

Have there been any name changes, mergers, acquisitions, consolidations or other significant changes in the past year? If yes, please provide details on a separate sheet.

List all states in which the firm operates and the percentage for each state:

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ E-mail and Website: _____

1. Real Estate Services: Please indicate the Applicant's total gross commission income or fees derived from each of the following real estate services.

Please note: Total gross commission income or fees are those which are paid to the Applicant for the listing or sale of real estate before commission or fees to sales persons representing the applicant firm, but after commissions or fees to other firms.

Real Estate Services	Last 12 Months Commissions/Fees	Last 12 Months # of Transactions
Residential Sales and Leasing		
1-4 Family Dwellings		
Properties Owned by Applicant or Agent		
Non-Residential Sales and Leasing		
Commercial Properties		
Sale of Land (Developed or Undeveloped)		
Properties Owned by Applicant or Agent		
Real Estate Consulting (Provide a detailed explanation of services)		
Other Services		
Sale of Business Opportunities		
Real Estate Development or Construction		
Mortgage Brokering		
Real Estate Auctioning		

Real Estate Services	Last 12 Months Commissions/Fees	Last 12 Months # of Transactions
Property Management		
1-4 Family Residential		
Apartments		
Condominiums/Cooperatives		
Shopping Centers		
Office Buildings		
Real Estate Appraising		
Residential		
Commercial		
Right-of-Way		
Referrals/BPO's/CMA's		
Other (describe on separate sheet)		
TOTALS		

2. **Staff Information:** Please list the total number of staff for each of the following: (List each person only once, identifying their primary area of responsibility) **Please list each person only once, identifying, their primary areas of responsibility. Please include yourself in one of the categories.**

	Agents Earning More than \$20,000 in commission	Agents Earning Less than \$20,000 in commission	No Income
Real Estate Agents/Brokers/Independent Contractors			
REALTOR® Assistants (licensed & unlicensed)			
Property Managers			
Appraisers			
Auctioneers			
Mortgage Brokers			
Real Estate Consultants			
Referral Agents (referring only to applicant)			
Clerical			
Other (please describe)			
TOTAL			

Underwriting Information

3. Do at least 15% of all licensees hold a professional designation? (Such as GRI, Broker, Associate Broker) Yes No
4. Have at least 50% of all licensees participated in an accredited real estate continuing education program? Yes No
5. Does the Applicant offer a Home Warranty Program? Yes No
6. Does the Applicant use a standard contract form for the listing and sale of all Real Estate approved by a board of Realtors® or state association of Realtors®?
If No, Please explain on a separate sheet why nonstandard forms are used. Yes No
7. Does any client represent more than 25% of the Applicant's annual income?
If yes, please provide details on a separate sheet. Please include: name of entity, percentage. Revenues from that entity and the expected percentage for the next 12 months. Yes No
8. Do all of the Applicant's brokers and salespersons disclose to their clients, in writing, the legal nature of their relationship, (i.e., whether the salesperson is representing the buyer or the seller?) Yes No
9. During the last 12 months, what percentage of transactions did the applicant represent both the buyer and seller? %
10. In the past year, what was the average value of properties sold by applicant? \$

- 11 In the past year, what percentage of your overall transactions was derived from REO's/Foreclosures/Short Sales? _____ %
 If Question 11 is greater than 0%, does the applicant utilize a neutral third party loss mitigation service for all REOs/Foreclosures/Short Sale Transactions? Yes No
12. Does the Applicant have a written procedures manual, including procedures on how to handle complaints and compliance with Federal, State and Local statutes? Yes No
13. Does the Applicant have a formalized training program for all professionals and staff? Yes No
14. Does the Applicant's standard contract include wording that recommends the use of Alternative Dispute Resolution techniques, such as arbitration or mediation, to settle client disputes? Yes No

APPLICANT FRAUD WARNINGS

NOTICE TO ALABAMA 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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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: All applications for liability insurance and all claim forms: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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 of the third degree.

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 that 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 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 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 MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

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 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 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: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND 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 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 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 WASHINGTON 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 WEST VIRGINIA 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 ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

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 claim 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.

AUTHORIZATION

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: _____ Title: _____
Applicant's Signature: _____ Date: _____
Broker/Owner Name: _____

The applicant's signature will authorize Pearl Insurance to fax the quotation and other policy information to the fax number listed on Page 1 unless otherwise noted. **No, do not fax.**

Insurance Agent Information	Name:	Agent License Number:
Mail To	Pearl Insurance 1200 East Glen Avenue Peoria Heights, IL 61616	phone 1-800.289.8170 fax 309.688.5820 https://pearlinsurance.com/