



## Real Estate Rapid E&O Liability Application

Available only in: AL, AR, AZ, CT, D.C., DE, FL, GA, IL, IN, KS, ME, MI, MN, NH, NJ, NV, OH, OR, PA, SC, TX, UT, VA, WI & WV

Name of Applicant Firm: \_\_\_\_\_

Name of Owner/Broker: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Business Type:  Corporation  Professional Corporation  Other: \_\_\_\_\_  
 Partnership  Sole Proprietorship

Year Firm Established: \_\_\_\_\_ Year Owner/Broker First Licensed: \_\_\_\_\_

*To be eligible for the premium options on page two the responses to Questions 1 through 7 must be "NO"*

1. Does the firm anticipate deriving more than \$200,000 in gross commission income in the coming 12 months? **YES  NO**
2. Does the firm provide services involving property management, business brokerage, real estate appraisal, real estate construction development or mortgage brokerage? **YES  NO**
3. Does the applicant firm employ more than five licensed real estate agents or independent contractors (including principals and partners)? **YES  NO**
4. Does the applicant derive more than 25% of its total revenues from a single client or maintain an exclusive listing agreement with a builder or developer? **YES  NO**
5. 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, real estate association or other regulatory body during the past five years? **YES  NO**
6. Are you or anyone to whom this insurance would apply aware of any filed claims, acts, errors, omissions or other circumstances which might reasonably be expected to be the basis of a claim or suit? **YES  NO**
7. Have you or anyone to whom this insurance would apply been refused insurance, been canceled, non-renewed or declined during the past 5 years? (This restriction does not apply to cancellation for non-payment of premium) **YES  NO**

*If you answered "YES" to any of the above questions we require further information about your firm. Please [visit here](#) for a full application and further information about our program.*

8. Does the applicant currently maintain real estate errors and omissions insurance? If so, please submit a copy of your Declaration page and all endorsements, so that we may provide prior acts coverage. **YES  NO**

*"Please note that the application must be signed by the owner/broker of the applicant firm"*

Name of Applicant Owner/Broker: \_\_\_\_\_

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

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

Named Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Broker/  
 Owner: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Member ID: \_\_\_\_\_

Insurance Brokerage: \_\_\_\_\_  
 Professional Liability Consulting Services, Inc.  
 45 Knollwood Road, Suite 202  
 Elmsford, New York 10523  
 Address: \_\_\_\_\_  
 Name of  
 Insurance Broker : \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Broker Tax ID: \_\_\_\_\_  
 Dennis M. Supraner  
 (914)592-6505

### Real Estate Rapid E&O Liability Quote

This policy includes coverage for personal injury, lockbox liability, the sale of an agent's primary residence and/or secondary residence, environmental hazards coverage to policy limits, discrimination coverage for defense and damages, free subpoena and pre claims assistance, a deductible credit for the use of mediation and includes many other important features.

**Please select a limit and deductible from the below table:**

E&O Primary Coverage	Limit/Aggregate	Deductible	Premium	Select	Premium Due
Loss & Expense Deductible	250,000/250,000	1,000	\$580	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
Loss & Expense Deductible	250,000/250,000	2,500	\$460	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
Loss & Expense Deductible	500,000/500,000	1,000	\$660	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
Loss & Expense Deductible	500,000/500,000	2,500	\$540	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
Loss & Expense Deductible	1,000,000/1,000,000	1,000	\$760	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
Loss & Expense Deductible	1,000,000/1,000,000	2,500	\$640	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
<b>Total Premium:</b>					\$ _____

Effective Date: \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

Please fax or email the following items to bind Coverage:

- 1) This fully completed, signed and dated Rapid E&O Liability Application. **Note:** Coverage cannot be backdated.
- 2) If applicable, the declarations page and prior acts endorsement of the firm's current policy. We will honor the retroactive date listed on the policy.

**Email: NewBusiness@PLCSI.com / Fax: 914-592-6508**

You will receive a binder via email from us within 1 to 2 business days.

**PLEASE REMEMBER TO ADD STATE TAXES & FEES**

Please forward payment payable to **PLCSI**

**45 Knollwood Road, Suite 202  
 Elmsford, New York 10523**



**State Taxes and Fees:**

**Florida Residents:** Florida Insurance Guaranty Association (FLIGA) Assessments.  
**Multiply the premium you selected above by 1.01.**

**New Jersey Residents:** New Jersey Guaranty Association.  
**Multiply the premium you selected above by 1.003 and round to the nearest dollar.**

**West Virginia Residents:** The State of West Virginia assesses a tax of .55% on insurance.  
**Multiply the premium you selected above by 1.0055, and round to the nearest dollar.**