



Real Estate Rapid E&O Liability Application

Available in NY ONLY

Name of Applicant Firm:
Name of Owner/Broker:
Email address:
Address:
City: State: NY Zip:

Business Type: Corporation, Partnership, Professional Corporation, Sole Proprietorship, Other

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, real estate leasing or property management, commercial real estate sales or business brokerage, real estate appraisal, real estate construction development or mortgage brokerage? YES NO
3. Does the applicant firm employ more than eight 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 licensed 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 victorinsurance.com/real-estate 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: _____
 Address: _____
 Name of
 Insurance Broker : _____
 Phone Number: _____
 Broker Tax ID: _____

Real Estate *Rapid* E&O Liability Quote

This policy includes coverage for personal injury, lockbox liability, the sale of owned residential property, environmental hazards coverage to policy limits, defense and damages for vicarious liability and disparate impact discrimination claims, 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 Only Deductible	250,000/250,000	1,000	\$500	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
Loss Only Deductible	500,000/500,000	1,000	\$545	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
Loss Only Deductible	500,000/500,000	2,500	\$520	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
Loss Only Deductible	1,000,000/1,000,000	1,000	\$625	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____
Loss Only Deductible	1,000,000/1,000,000	2,500	\$600	<input type="checkbox"/> Yes/No <input type="checkbox"/>	_____

Total Premium: \$ _____

Effective Date: _____

Total Due: \$ _____

Please fax or email 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 forward payment payable to

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

WARNING, NEW YORK RESIDENTS ONLY

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 (for New York residents only: 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.)



PROFESSIONAL LIABILITY CONSULTING SERVICES, INC.