

Huckaby Insurance Services
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Application completion instructions PLEASE DO NOT USE PENCIL

- ❖ Answer each question completely. If the question does not apply, print n/a
- ❖ Application must be signed and dated by a principal of the firm.
- ❖ If additional space is required to respond to the questions, please provide your response on your letterhead referencing question and sign and date.
- ❖ Incomplete or unsigned applications will be returned for completion

1. Name of Applicant _____
 (Company name if applicable)

Contact _____

Address _____

City _____ ST _____ Zip _____
(If additional locations, please list on letterhead)

Telephone # () _____ Fax # () _____

2. Date Firm was Established: ___/___/___ Desired Effective Date: ___/___/___
3. Is the applicant a: Corporation Independent Contractor Sole Proprietor Partnership

E-Mail Address : _____

4. Coverage Selection

Check the limit of liability desired

Check the deductible option desired

- | | |
|--|---|
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> Zero |
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$1,000.00 |
| <input type="checkbox"/> \$250,000/\$250,000 | <input type="checkbox"/> \$2,500.00 |
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$5,000.00 |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$10,000.00 |
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$1,000,000/\$2,000,000 | |

5. Optional Coverages: Check if desired

- \$250,000 Discrimination Coverage, Defense only
- \$250,000 Discrimination Coverage, Defense and Indemnity
- Limited Pollution Coverage
- Mortgage Brokering Coverage
- Insurance Agents E & O Coverage



6. Provide applicant's gross revenues derived from the sale of property from the last fiscal period. Do not include revenues for properties in which you have more than 25% ownership. (Gross revenues are defined as all fees and commissions before expenses, including any fees, commissions, and bonuses payable to employees and independent contractors)

	<u>Gross revenues</u>	<u># of Transactions</u>
a. Residential Real Estate	\$ _____	_____
b. Residential Farm Land	\$ _____	_____
c. Residential Appraisals	\$ _____	_____
d. Commercial Appraisals	\$ _____	_____
e. Title Agent Activities	\$ _____	_____
f. Auctioneering (Real Property)	\$ _____	_____
g. Raw Land Zoned Residential	\$ _____	_____
h. Commercial Real Estate	\$ _____	_____
i. Industrial Real Estate	\$ _____	_____
j. Non Residential Farm Land	\$ _____	_____
k. Property Management	\$ _____	_____
l. Raw Land Zoned Non-Residential	\$ _____	_____
m. Real Estate Consultations (provide details)	\$ _____	_____
n. Residential Leasing (no mgmt)	\$ _____	_____
o. Commercial Leasing (no mgmt)	\$ _____	_____
p. Mortgage Brokering (only if coverage is desired)	\$ _____	_____
q. Insurance Agents E & O (only if coverage is desired)	\$ _____	_____
r. Other (specify)	\$ _____	_____
TOTAL	\$ _____	_____

Details of Real Estate Consulting (m) and Other (r) from above: _____

7a) Is the applicant owned by, associated with, or controlled by any business, investment group or syndication?

Yes No

If Yes please provide the name of the entity(s) and the nature of the relationship

7b) Is the applicant involved in property development or construction (including renovations)?

Yes No

If Yes please provide the name of the entity(s) and the nature of your relationship to such entity _____

GeneralStar

GeneralStar Real Estate, Nov. 2003 Rev.

8a. Indicate the total number of professionals: _____ Include Owner, Partners, Directors, Officers, and Professional employees.

8b. Complete the following for each Owner, Partner, Director, Officer and Professional Employee. Include Independent Contractors for whom coverage is desired.

Name & Title	Date First licensed as a		Professional Designations
	Broker	Agent	
_____	/ /	/ /	_____
_____	/ /	/ /	_____
_____	/ /	/ /	_____
_____	/ /	/ /	_____
_____	/ /	/ /	_____

9 a: Please indicate the number of Owners, Officers, Partners and Professional Employees who participated in a formal real estate continuing education program during the past 12 months. _____

9 b. Do you provide in-house training of your personnel? Yes No

9c. Do you use standardized contracts and forms? Yes No

If yes, what is the percentage of use? 100% 75% 50% Less than 50%

9 d. Does the firm offer a Home Warranty Program at all closings? Yes No

If yes, what program is offered? _____

10. Do you transact business in multiple states? Yes No

If yes, please list the state(s) involved and the percentage (%) of total gross revenues from each state

11. Is the applicant, or anyone to whom this insurance will apply, aware of any: (including optional coverage indicated in question 5)

a. Professional Liability claim made against them in the past 5 years? Yes No

b. Act or omissions which might reasonably be expected to be the basis of a claim or suit against them arising out of the performance of professional services for others? Yes No

c. Changes in any claims previously reported on past applications? Yes No

IF YOU ANSWERED YES TO QUESTION 11a,b or c, COMPLETE THE ENCLOSED SUPPLEMENTAL CLAIM FORM FOR EACH CLAIM

IMPORTANT NOTICE: Failure to report to your current insurance company any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you BEFORE the expiration of your current policy term may create a lack of coverage.

12. Has the firm, or anyone to whom this insurance will apply, had their license revoked or been subject to disciplinary action by any Real Estate Association, licensing board or other regulatory body within the last five years?

Yes No

If Yes please provide details including date, fine paid, length of suspension and reasons for actions.



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NEW BUSINESS APPLICANTS ONLY MUST COMPLETE QUESTIONS 13 – 15

13. **Notice to Missouri Residents: This question does not apply.** During the past 5 years has any insurance carrier declined, canceled or refused renewal of similar insurance on behalf of this applicant or anyone to whom this insurance will apply? (Other than due to loss of market) Yes No

If yes, please provide details to include the date, carrier and reason _____

14. List Previous Professional Liability Coverage policies this individual, firm or predecessors of firm have held within the last 5 years. If no insurance was in effect for a given year, state "none" where applicable below.

Company	Policy Period	Limit of Liability	Deductible	Premium
	/ / TO / /			\$
	/ / TO / /			\$
	/ / TO / /			\$
	/ / TO / /			\$
	/ / TO / /			\$

15. Has the applicant ever purchased an extended reporting period endorsement? Yes No

If yes, please indicate the effective date of the endorsement ____ / ____ / ____ Length of the reporting period _____

Notice: By applying for this insurance, the applicant also is applying for membership in Realtors Insurance Purchasing Group Association, a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing professional errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

Fraud Warning. (not applicable in Nebraska, Vermont or Virginia): Any person who knowingly, and with the 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil 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 containing 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.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

For California Residents: General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer in California and is not subject to the financial solvency regulation and enforcement which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state. California Surplus lines license # OB11941. Herbert H. Landy Insurance Agency, Needham Ma. 02494

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application. I understand that an incorrect or incomplete statement could void my protection.

Signature _____ Date ____ / ____ / ____
Must be signed by a principal of the firm

Insurance Agent use only: Landy agent Code

Name of Agent _____ **Tel # ()** _____

Licensed Surplus Lines Yes No **State** _____ **License #** _____



GeneralStar Realtors Nov. 2001 Rev.

**Real Estate Claims-Made Professional Liability
SUPPLEMENTAL CLAIM/INCIDENT INFORMATION**

This form must be completed for each claim, suit or incident. All questions must be answered completely.

1. Full Name of Applicant or Insured: _____

2. Full Name of Individuals or Firm involved in the claim: _____

3. Full Name of Claimant: _____

4. Indicate whether Incident Claim / Suit:

5. Date you became aware of alleged error: ____/____/____

6. Date it was reported to your insurance carrier: ____/____/____

7. Name of Insurance company : _____

8. Additional defendants: _____

9. If CLOSED: Indicate date closed: ____/____/____ Total Amount Paid \$ _____

A. Of the total amount paid, how much was for legal expenses? \$ _____

B. What was your deductible? \$ _____

10. IF PENDING: Please send a copy of the suit papers or answer all questions below.

A. Claimant's settlement demand \$ _____

B. Defendant's offer for settlement \$ _____

C. Insurer's loss reserve \$ _____

D. Is claim in suit? Yes No If yes, amount asked in summons \$ _____

E. Limits of Liability \$ _____ Deductible \$ _____

F. Provide a brief description of the claim; indicate the alleged error, description of events leading to the claim, type and extent of injury or damage alleged. _____

Signature of principal of the applicant firm _____
Date Signed

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