

National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail where we may return your quote promptly.

Once complete please:

1. E-Mail application to NRSapps@NRSinsurance.com
- OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855 ext. 401.

We appreciate your business.

Sincerely,

The National Risk Solutions Team

Real Estate Errors & Omissions - All States

Applicant may qualify for an INSTANT QUOTE by completing Section I below. Section II answers (and Section III if package is desired) will be required prior to binding and are subject to underwriting approval.

I. INSTANT QUOTE INFORMATION
Instant quote is not available for accounts with losses in the past 5 years. If there is a loss history, please complete Section I. and submit details in a claim supplement.

Applicant's Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Web Address: _____ Email Address of primary contact: _____

List any other state where the Applicant sells property _____

Total number of Real Estate Agents/Brokers/Property Managers/Independent Contractors: Full time _____ Part time _____

Gross Commission Income Breakdown:

Residential Sales \$ _____ Commercial Sales \$ _____ Raw Land Sales \$ _____

Residential Property Management/Leasing \$ _____ Commercial Property Management/Leasing \$ _____

Residential Vacant Land Sales \$ _____ Commercial Vacant Land Sales \$ _____

Appraisals/Broker Price Opinions \$ _____ Consulting \$ _____

Other (Please Specify) \$ _____

Is the applicant affiliated with a franchise? Yes No

II. UNDERWRITING INFORMATION

1. Has the applicant's Principal or Managing Partner been either a licensed agent for a minimum of 5 years or a licensed broker for a minimum of 2 years? *Date business established.* _____ Yes No
2. Please advise if more than 10% of the income is derived from any of the following:
 - a) construction/development activities Yes No
 - b) sale, management or leasing of properties constructed/developed by the applicant or any related entity Yes No
 - c) from the sale of agent owned properties Yes No
 - d) foreclosure sales/REO sales/short sales Yes No
 - e) sale of real estate at any one location or development (subdivision) Yes No
 - f) from auctioneering, business brokering and/or referral services Yes No
3. Do you derive income from any activity/profession other than from the scope of a real estate organization? Yes No
 if yes, please advise details: _____
4. Do more than 50% of the applicant's transactions involve services as a dual agent? Yes No
5. Does the average value of properties sold exceed \$600,000? Yes No
6. Expiring Insurance Information: Carrier _____ Limits _____ Retention _____ Premium _____
 (Attach a statement of details for all "yes" answers to the following questions)
7. Has any person proposed for insurance had his/her license revoked, suspended, been fined, or been subject to any disciplinary action or investigation by any real estate association, state licensing board, or other regulatory body? Yes No
8. Has any Policy for Real Estate Agents E&O Insurance ever been cancelled or non-renewed? Yes No
 (Do not answer if applicant is located in Missouri)
9. Within the last 5 years, has any claim been made or suit brought against the Applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? **If "Yes," complete USLI Claim Supplement for each claim** Yes No
10. Is any owner, partner, officer, director, employee, or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Applicant, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees, or independent contractors? **If "Yes," complete USLI Claim Supplement for each claim** Yes No

III. BUSINESSOWNERS PACKAGE INSURANCE

1. Has the Applicant had any General Liability or Property claims paid, reserved, or pending in the last 5 years? Yes No
If Yes, provide details: _____
2. Does the Applicant want any Additional Insured(s) included on General Liability? If "Yes," attach details including Name, Relationship to Applicant, and address. Yes No
3. Personal Property Limit including computer hardware (at 80% coinsurance/replacement cost): _____
4. Building Characteristics
- a) Are functioning burglar alarms present? Yes No
- b) Is all electrical wiring connected to functional and operational circuit breakers? Yes No
- c) Are there functioning smoke and heat detectors in all units and/or occupancies? Yes No
- d) Is aluminum wiring present in the building? Yes No
5. Property Protection Class (1-10): _____
6. Building Construction (please check one):
- Frame - Bldg. is made from a wood frame (2x4's/veneers)
- Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
- Masonry Non-Combustible - Same as Joisted Masonry except roof is steel.
- Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.

IV. ADDITIONAL APPLICANT INFORMATION

Applicant's Mailing Address: _____
City: _____ State: _____ Zip: _____

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Missouri & Rhode Island Disclosure Notice: I understand and acknowledge that as respects Discrimination and Lock Box coverage that Claims Expenses are a part of the Limit of Liability. This means that Claims Expenses will reduce my limits of insurance and may exhaust them completely and should that occur, I shall be liable for any further Claims Expenses. Claims Expenses are as defined in Section VII. I also understand that the Limit of Liability for the Extended Reporting Period, if applicable, shall be a part of and not in addition to the limit specified in the Policy Declarations.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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 a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Vermont Fraud Statement: 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 may be subject to fines and confinement in prison.

Fraud Statement (All Other States): 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.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____

Principal, Partner, or Officer of the Firm