



Real Estate *Rapid* E&O Liability Application

Available only in: AZ, DC, DE, GA, MA, MD, MO, NC, OK, SC, TX, VA, VT, WA, 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 \$150,000 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 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 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 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:	_____	Insurance Brokerage:	_____
Address:	_____	Address:	_____
Name of Broker/ Owner:	_____	Name of Insurance Broker :	_____
Phone Number:	_____	Phone Number:	_____
Member ID:	_____	Broker Tax ID:	_____

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	Yes/No	_____
Loss & Expense Deductible	250,000/250,000	2,500	\$460	Yes/No	_____
Loss & Expense Deductible	500,000/500,000	1,000	\$660	Yes/No	_____
Loss & Expense Deductible	500,000/500,000	2,500	\$540	Yes/No	_____
Loss & Expense Deductible	1,000,000/1,000,000	1,000	\$760	Yes/No	_____
Loss & Expense Deductible	1,000,000/1,000,000	2,500	\$640	Yes/No	_____

Effective Date: _____

Total Premium: \$ _____

Commission: _____

Net Total Due: \$ _____

Please fax or email following items to bind coverage:

- 1) The completed Rapid E&O Liability Application
- 2) If applicable, the declarations page and prior acts endorsement of the firm's current policy. We will honor retroactive date listed on the policy.

Email: realestate.us@victorinsurance.com

Fax: 301-951-5444

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

Please forward payment to:

For regular U.S. Postal Service:
Victor Insurance Managers LLC
14288 Collections Center Drive
Chicago, IL 60693

For overnight packages:
Bank of America Lockbox Services
14288 Collections Center Drive
Chicago, IL 60693

State Taxes and Fees:

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

Victor Insurance Managers LLC

Victor Insurance Services LLC in MN | DBA in CA and NY: Victor Insurance Services | CA Ins. Lic. # 0156109

301-961-9800 • info.us@victorinsurance.com • 7700 Wisconsin Ave, Suite 400, Bethesda, MD 20814