



## 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  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, 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](http://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: _____	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 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:**

<b>E&amp;O Primary Coverage</b>	<b>Limit/Aggregate</b>	<b>Deductible</b>	<b>Premium</b>	<b>Select</b>	<b>Premium Due</b>
Loss Only Deductible	250,000/250,000	1,000	\$500	Yes/No	_____
Loss Only Deductible	500,000/500,000	1,000	\$545	Yes/No	_____
Loss Only Deductible	500,000/500,000	2,500	\$520	Yes/No	_____
Loss Only Deductible	1,000,000/1,000,000	1,000	\$625	Yes/No	_____
Loss Only Deductible	1,000,000/1,000,000	2,500	\$600	Yes/No	_____

Effective Date: _____	<b>Total Premium:</b>	\$ _____
	<b>Commission:</b>	_____
	<b>Net Total Due:</b>	\$ _____

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](mailto: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**

**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.)