

Return to: Barragan Insurance Agency  
 90 Blue Ravine Road Suite 74  
 Folsom, CA 95630  
 Office: (916) 984-9320  
 Fax: (916) 984-8013

**REAL ESTATE ERRORS AND OMISSIONS  
 INSURANCE**  
*EXPRESS APPLICATION for CALIFORNIA*



Info@barraganinsurance.com

**To be eligible for this application you must be able to answer "true" to statements 1-7 below. Please note that mortgage brokering coverage is not offered with the Express Application. Please contact your agent if you are not eligible for this program or need mortgage brokering coverage.**

Applicant Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Principal Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_  *In lieu of mailing my policy, you may email my policy to the above address.*

*I agree to receive an electronic copy of my application with my policy.*

Total # of professionals earning \$20,000/yr or more \_\_\_\_ Total # of professionals earning less than \$20,000/yr \_\_\_\_

Annual # of Transaction Sides \_\_\_\_ (on closed real estate sales)

Status of Insured:  Independent Contractor  Sole Proprietor  Partnership/LLP  Corporation/LLC

**NEW BUSINESS ACCOUNTS:** Desired Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Retroactive Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RENEWAL ACCOUNTS:** General Star Policy Number \_\_\_\_\_

***If you have a policy in force, you will need prior acts coverage. Attach a Copy of your current Declarations page showing the prior acts date.***

***To be eligible for the premium options shown below, the Responses to statements 1 through 7 must all be "True".***

1. No owner, agent or member of the applicant company has had their license revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body within the last 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
2. No owner, agent or member of applicant company has been cancelled, refused insurance or declined by a Carrier during the last 5 years (except due to loss of market or non payment of premium).	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the company is involved in property management, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
4. No owner or agent of the company has an exclusive listing agreement with any builder/developer.	<input type="checkbox"/> True <input type="checkbox"/> False
5. The applicant's total gross revenues did not exceed \$300,000.00 for the last three (3) year period. (gross revenues are defined as all fees and commissions before expenses payable to employees and independent contractors).	<input type="checkbox"/> True <input type="checkbox"/> False
6. The applicant and anyone to whom this insurance will apply is not aware of any professional liability claim or any acts, errors, omission or Personal Injuries which might reasonably be expected to be the basis of a claim made against them within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
7. No owner, agent or member of the applicant has provided services related to pre-foreclosed or bank owned properties that included involvement in any eviction procedures, delivering or negotiating cash for keys offers or property rehabilitation.	<input type="checkbox"/> True <input type="checkbox"/> False

***Turn to Page 2 to Select and Circle Your Premium Payment Option and Remit With Your Application***

**SELECT AND CIRCLE YOUR DESIRED PREMIUM PAYMENT OPTION AND REMIT WITH YOUR APPLICATION  
CALIFORNIA**

Deductible Loss & Expense	\$100,000/\$300,000	\$250,000/\$250,000	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$1,000	\$951	\$1,012	\$1,121	\$1,180	\$1,265
\$2,500	\$865	\$920	\$1,019	\$1,073	\$1,150
\$5,000	\$821	\$873	\$968	\$1,019	\$1,093

*Claim Expenses are Outside the Limits of Liability*

**California Residents must include A Surplus Lines State Tax and Stamping Fee (3% State Tax and .250% Stamping Fee).  
Please add this to the premium selected.**

**Applicable to Producers Only**

- Yes, I want the Herbert H. Landy Insurance Agency to process the surplus lines taxes and fees. I have attached the \$50.00 surplus lines filing fee (check made payable to Herbert H. Landy Insurance Agency, Inc.) and the completed due diligence report.
- No, I do not want the Herbert H. Landy Insurance Agency to process the surplus lines taxes and fees. I hold a surplus lines license and will file the taxes and fees myself.

**DISCLAIMER**

**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 Inc., Needham, MA 02494.

**Notice:** By applying for this insurance, the applicant also is applying for membership in The 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 errors and omissions liability insurance to real estate professionals. The sole purpose of becoming a member is to purchase professional liability insurance.

**FRAUD WARNING**

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 material 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 and denial of insurance benefits.

**REQUIRED SIGNATURE**

**IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT. SHOULD A POLICY BE ISSUED IT WILL ATTACH TO THE POLICY. Completion of the application or tendering of premium does not bind coverage.**

I understand that the final premium will be rounded to the next dollar. I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Mail your application and check payable to your agent:**

The Herbert H. Landy Insurance Agency Inc.  
75 Second Avenue, Suite 410, Needham, MA 02494  
Web: [www.landy.com](http://www.landy.com) • Phone: 800-336-5422 • Fax: 800-344-5422

