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



Applicant Firm Name

Contact

NAVIGATORS INSURANCE COMPANY

Real Estate Professional Errors and Omissions Insurance EXPRESS APPLICATION for CALIFORNIA



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 our office at 800-336-5422 if you are not eligible for this program or need mortgage brokering coverage.

Principal Street Address						
City County			ST	ZIP		_
Mailing Address						
Telephone ()	Fax ()_				2
Email Address				email my policy to f my application w		Iress.
Total # of professionals earning \$20,000/yr or more	Total # of p	rofessionals	earning les	s than \$20,000)/yr	
Annual # of Transaction Sides (on closed real estate sales)						
Status of Insured:	Proprietor	□Partne	ership/LLP	Corpora	tion/LLC	
NEW BUSINESS ACCOUNTS: Desired Effective Date	//	_ Retroactiv	e Date	_11	_	
RENEWAL ACCOUNTS: Expiring Policy Number						
Current Declarations pa					oe "True".	
 No owner, agent or member of the applicant company has been subject to any disciplinary action by any licensing be body within the last 5 years. 					□True	□False
 No owner, agent or member of the applicant company has been cancelled, refused insurance or declined by an insurance carrier during the last 5 years (except due to loss of market or non payment of premium). 						□False
3. No owner, agent or member of the company is involved in appraisal services, property management, development or construction.					□True	□False
4. No owner or agent of the company has an exclusive listing	g agreemen	t with any bu	uilder/develo	pper.	□True	□False
The applicant's combined total gross revenues did not ex period (gross revenues are defined as all fees and comm and independent contractors).					□True	□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.					□True	□False
No owner, agent or member of the applicant has provided owned properties that included involvement in any eviction keys offers or property rehabilitation.					□True	□False
Turn to Page 2 to Select and Circle Your Pre	emium Opti	on and Rem	it With You	r Application		

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SELECT AND CIRCLE YOUR DESIRED PREMIUM 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
\$1,000.00	\$975.00	\$1,030.00	\$1,147.00	\$1,215.00	\$1,274.00
\$2,500.00	\$865.00	\$920.00	\$1,037.00	\$1,105.00	\$1,164.00
\$5,000.00	\$708.00	\$764.00	\$880.00	\$949.00	\$1,007.00

CLAIM EXPENSES ARE OUTSIDE THE LIMITS OF LIABILITY

NOTICE: By applying for this insurance, the applicant is also 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.

DISCLAIMER

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

FRAUD WARNING: 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.

The undersigned is authorized by, and acting on behalf of, the Ap herein are true, complete and accurate and that there has been no this application shall be the basis of, and becomes part of, the Ap	suppression or misstatements of fact and agrees that
Please print your name	
Signature:	Date:

To bind coverage please send the completed application and check (including all taxes/surcharges, if applicable) to your agent listed below:

