

GREAT AMERICAN FIDELITY INSURANCE COMPANY
Real Estate Professional Errors & Omissions Insurance Application



NOTICE: This is an application for a "Claims-Made" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.

Applicant Name: _____
 (Company name including all dba's or trade names if applicable)

Principal Street Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

Email: _____ Website: _____

In lieu of mailing the policy, you may email the policy to the above address.

Contact: _____ Telephone #: (____) _____ Fax #: (____) _____

General Information

1. Applicant company type: Corporation/LLC Independent Contractor Sole Proprietor Partnership/LLP
 2. a. Date Applicant firm was established: _____ b. Year current owner assumed management: _____
 c. Number of years owner licensed as an agent: _____ as a broker: _____ as an appraiser: _____
 3. Is the applicant owned, associated, or controlled by any other business, investment group or syndication?..... Yes No
 If Yes, Please provide the name of the entity(s) and the nature of the relationship:

 4. During the past 5 years:
 - a. Has the Applicant undergone a change in operations, including any merger or acquisition?..... Yes No
 If Yes, please complete the Purchase / Merger Supplement
 - b. Has any principal, partner, director, officer or professional of the Applicant performed professional services for any other business in which the applicant has any ownership or managerial interest?..... Yes No
 If Yes, provide details on a separate sheet.
 - c. Has the Applicant had any single client responsible for more than 50% of the firm's annual income?..... Yes No
 If Yes, provide details on a separate sheet.
 - d. Has the Applicant transacted business in multiple states or outside of the United States?..... Yes No
 If Yes, provide details on a separate sheet, including the percent (%) of total gross revenues from each state or country.
 - e. Has the Applicant performed, or does the Applicant intend to perform, professional services for Real Estate Investment Trusts (REITs) or property syndications?..... Yes No
 If Yes, what is/was the percentage of the gross commission income derived from these services? _____%
 5. Indicate the total number of: a. full time professionals: _____ b. part time professionals: _____ c. support staff: _____
- * Professionals are defined as:** Owners, Partners, Officers, Real Estate Brokers/Agents/Salespersons, Appraisers, Property Managers, Consultants or Auctioneers including independent contractors. Part time is \$25,000 or less in annual commission income.
6. Do at least 15% of all professionals hold a professional designation? (i.e. GRI, CRS, CRE, ABR, MAI, SRA)..... Yes No
 7. Does the Applicant have a formalized training program for all professionals and staff?..... Yes No
 8. Indicate the number of professional employees who participated in an accredited, continuing professional education program during the past 2 years. _____

