

REAL ESTATE SERVICES PROFESSIONAL LIABILITY INSURANCE APPLICATION

1. a. Name and address of Applicant: (include all legal names and DBA's)

Name(s) _____

Principal Business Address _____ City _____ State _____ Zip _____

Business Mailing Address _____ City _____ State _____ Zip _____

Web Site Address _____ Business Telephone: _____

b. List all states in which the Applicant operates:

2. a. Date established: ____/____/____
mo day year

b. Applicant is a(n) Individual Partnership Corporation LLC LLP Franchisee Other
If a franchisee or other, please attach details on a separate sheet.

c. Is the entity owned, controlled by, or affiliated with any other entity? Yes No
If yes, please attach details on a separate sheet.

d. During the past 5 years:

i) Has the name of the Applicant ever been changed? Yes No

ii) Has the Applicant been involved in any merger, acquisition or consolidation? Yes No

3. a. Please complete the following information for each principal/partner/director/officer/owner:
Attach additional sheet if necessary.

Name	Title	License Status	Professional Designations	Years Experience	Years with Applicant

b. Please indicate the number of principals/partners/directors/officers/professional performing professional services to clients/customers. _____ Attach resume of each when Applicant has been in business less than 3 years.

c. Please indicate the number of all other non-professionals/clerical employees: _____

d. Please provide the following information:

	Average Years Experience	Average Years with Applicant
Active Licensed Agents		
Other Professionals		

e. During the past 5 years, has any principal, partner, director, officer, or professional of the Applicant performed professional services for any entity in which the Applicant has any ownership or managerial interest?
 Yes No *If yes, please attach a detailed explanation in a separate sheet.*

4. a. The Applicant performs or intends to perform the following professional services, check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> Leasing | <input type="checkbox"/> Sale of Industrial/Incoming Producing Property |
| <input type="checkbox"/> Auctioneering | <input type="checkbox"/> Mortgage Banking | <input type="checkbox"/> Sale of Residential Property |
| <input type="checkbox"/> Appraisals | <input type="checkbox"/> Mortgage Brokering | <input type="checkbox"/> Title |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Property Management | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Escrow | <input type="checkbox"/> Real Estate Consulting | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Facility Management | <input type="checkbox"/> Real Estate Development | <i>Attach additional sheet, if necessary.</i> |
| <input type="checkbox"/> Foreclosures | <input type="checkbox"/> Sale of Commercial Property | |

b. During the past 5 years, has the Applicant performed any professional services or business other than those indicated in Question #4.a. above. Yes No
If yes, please attach a detailed explanation and estimated gross revenues for the most recent fiscal year.

5. a. Is the Applicant seeking coverage for any subsidiaries? Subsidiaries are those entities that the Applicant maintains a greater than 50% legal or beneficial interest. Yes No
If yes, attach a list of those subsidiaries for which coverage is being sought and respond to the question below regarding those subsidiaries.

b. Do any of the subsidiaries listed perform professional services other than as described in Question #5.a.?
 Yes No
If yes, please attach a detailed description of those services and estimated revenue for the most recent fiscal year.

IN APPLICANT'S RESPONSES TO THE FOLLOWING QUESTIONS, PROVIDE ANSWERS FOR BOTH THE APPLICANT AND ANY SUBSIDIARIES FOR WHICH COVERAGE IS BEING SOUGHT (EVEN IF THE QUESTION DOES NOT SPECIFICALLY REFERENCE SUCH SUBSIDIARIES).

6. Please provide total gross revenues which are derived from those professional services listed in Question #4.a.

- a. Fiscal year end date: ____/____ (month/day)
- b. Projected gross revenues for next fiscal year: \$ _____
- c. Gross revenues for current fiscal year: \$ _____
- d. Gross revenues for last fiscal year: \$ _____
- e. Are any material changes in the nature or the size of the Applicant's business anticipated over the next 12 months?
 Yes No *If yes, please attach a detailed explanation on a separate sheet.*

7. a. For revenues indicated in Question #6.c., please indicate the percentage of the revenue that is derived from:
Commercial _____ Residential _____

b. Does the Applicant perform or intend to perform professional services for the formation, management, or organization of group investments or syndications (including limited partnerships, general partnerships, real estate investment trusts or corporations)? Yes No
If yes, what is the percentage derived from these services? _____

c. What is the dollar amount of the Applicant's authority for capital improvements, repairs, etc.?

d. Does the Applicant subcontract any of the services listed in Question #4.a.? Yes No

e. Does the Applicant require evidence of professional liability insurance from subcontractors? Yes No
If no, please attach a detailed explanation on a separate sheet.

f. Does the Applicant always use a written contract with clients? Yes No
If yes, please attach a copy of the standard contract; if no, please attach a detailed explanation on a separate sheet.

8. Professional Services: For revenues listed in Question #6.c. and #6.d., please indicate the approximate percentage derived from each of the services listed in Question #4.a. (Total percentage should equal 100%.)

GROSS RECEIPTS		
Professional Services	Last Fiscal Year	Current Fiscal Year
Asset Management		
Auctioneering		
Appraisals		
Construction		
Escrow		
Facility Management		
Foreclosures		
Interior Tenant Improvement/Renovation Services		
Leasing		
Mortgage Banking		
Mortgage Brokering		
Property Management		
Real Estate Consulting		
Real Estate Development		
Right-of-way Appraisals		
Sale of Commercial Property		
Sale of Industrial/Income Producing Property		
Sale of Residential Property		
Title		
Other - (Specify)		

9. Risk Management:

- a. Does the Applicant have any written risk management procedures in place? Yes No
- b. Does the Applicant have written procedures to ensure compliance with Federal, State and Local statutes?
 Yes No
- c. Does the Applicant have written procedures requiring the review or follow-up of complaints?
 Yes No
- d. Does the Applicant have a formalized training program for all professionals and staff?
 Yes No

10. Claim Information:

NOTE: *The Applicant's disclosure of claim information by response to the following questions does not indicate or imply in any way that any act or omission is covered by this policy.*

With regard to the Applicant and subsidiaries listed in response to Question #5.a., please answer the following questions:

- a. During the past 5 years, have any principals, partners, directors, officers or other professionals been subject to disciplinary action by any regulatory agency or association or ever had their license revoked or suspended?
 Yes No *If yes, please attach a detailed explanation on a separate sheet.*
- b. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant, subsidiaries or any of their past or present principals, partners, directors, officers or other professionals?

Yes No *If yes, please attach a supplemental claim questionnaire.*

- c. After inquiry, does the Applicant, subsidiaries or any principals, partners, directors, officers, or other professionals have knowledge or information of any circumstance or incident, or any allegation or contention of any incident which may result in any claim being made against them? Yes No *If yes, please attach a supplemental claim questionnaire.*
- d. Have all matters in Question #10.b. or #10.c. above been reported to the Applicant's or subsidiaries former or current insurers? Yes No

11. a. Prior Errors and Omissions Insurance

	Insurer	Limits of Liability	Deductible	Premium	Claims Made/Occurrence	Policy Period	Policy Retroactive Date (if any)
Current Year		\$	\$	\$			
Previous Year 1		\$	\$	\$			
Previous Year 2		\$	\$	\$			
Previous Year 3		\$	\$	\$			
Previous Year 4		\$	\$	\$			

- b. Is any extended reporting period currently in effect? Yes No
If yes, please attach a copy of the endorsement including the effective and expiration dates.
- c. During the past 5 years, has any similar errors or omissions coverage been cancelled, declined or nonrenewed? Yes No *If yes, please attach a detailed explanation on a separate sheet.*

- 12. a. Limit of Liability requested: _____
- b. Deductible requested: _____

Please provide the following additional information:

1. **Current annual report and company literature/promotional material.**
2. **A copy of standard contracts or forms utilized with clients.**
3. **Latest audited financial statements.**

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy. The Applicant acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or an act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are

within and reduce the Limit of Liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

Applicant's Authorized Representative: _____
Signature of Authorized Representative

Print Name of Authorized Representative

Title of Authorized Representative

Date: ____/____/____
mo day year

ALEA LONDON LTD.

**POLICYHOLDER DISCLOSURE NOTICE OF COVERAGE
FOR U.S. ACTS OF TERRORISM**

As used in this notice, "we", "us", "our" and "ours" refer to Alea London Ltd.; and "you", "your" and "yours" refer to insured parties under the captioned insurance policy.

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, you now have a right to purchase insurance coverage for losses arising out of an act of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel, or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 90% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS SHOWN IN THIS NOTICE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

ACTION IS REQUIRED ON YOUR PART

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

YOU HAVE THE RIGHT UNDER THE ACT TO SELECT OR REJECT THIS TERRORISM COVERAGE. YOU MAY SELECT THIS COVERAGE BY INDICATING YOUR SELECTION AND PAYING THE ADDITIONAL PREMIUM AS INDICATED BELOW. YOU MAY ALSO CHOOSE TO DECLINE THIS COVERAGE, BY INDICATING YOUR CHOICE BELOW, IN WHICH EVENT YOU WILL NOT BE CHARGED ANY ADDITIONAL PREMIUM. IF YOU DECLINE THIS COVERAGE, YOU WILL NOT BE COVERED FOR LOSSES ARISING FROM ANY ACT OF TERRORISM, INCLUDING CERTIFIED ACTS OF TERRORISM UNDER THE TERRORISM INSURANCE ACT OF 2002.

I hereby acknowledge that I have been notified that under the Terrorism Risk Insurance Act of 2002, that any losses caused by certified acts of terrorism, should I elect to purchase such coverage, will be partially reimbursed by the United States government and I have been notified of the amount of additional premium attributable to such coverage.

(please check one)

I hereby elect to purchase coverage for certified Acts of Terrorism for the Additional Terrorism Risk Premium of \$500.00.

I hereby elect **NOT** to purchase coverage for certified Acts of Terrorism and understand that I will have no coverage for losses arising from any certified acts of terrorism.

Policyholder's/Applicant's Name
(Please Print)

Policyholder's/Applicant's Signature

Date

Please indicate your selection or rejection of the option to purchase the coverage described in the space indicated above; sign and date the notice and return it to us in the return envelope provided. Please remember to keep a copy of the completed notice for your records.

Surplus Lines Filing Information

As you are already aware, the broker is solely responsible for compliance with all Surplus Lines regulations including, but not limited to, licensing, collection and remittance of applicable Surplus Lines taxes and/or fees, submission of policies to State Surplus Lines Stamping office(s), and insuring that proper due diligence with respect to authorized company declinations have been conducted and documented, to the extent such due diligence is required by State Regulations.

For the completion of our files, please provide the following Surplus Lines filing broker information:

Named Insured: _____

Broker's Name: _____

License Number: _____

Expiration Date: _____

Thank you for your cooperation.