

Dwyer & Associates

Dwyer & Associates Insurance Services, Inc.
 318 27th Street
 Oakland, CA 94612
 Phone: (510) 452-9291 Fax: (510) 452-9293

**Renewal Application
 Real Estate Errors and Omissions
 (Claims Made Coverage)**

Full Name: _____

1. Has there been any change in organization, firm name, franchise affiliation or DBA's since the last application? Yes [] No []. If yes, please attach a separate sheet with details.
2. Have there been any acquisitions, consolidations, dissolution, merger or change in principals, broker or location(s) since the last application? Yes [] No []. If yes, please attach a separate sheet with details.
3. Is your firm engaged in any other business enterprise or professional practice since the last application? Yes [] No []. If yes, please attach a separate sheet with details.
4. Number of staff: Brokers _____ Agents _____ Property Management _____ Appraisal _____
 Insurance _____ Clerical _____ Other _____ **Please enclose agent roster.**
5. Gross Income:

Description	Gross Income Last 12 Months	Number of Transactions	% Sold with Warranty	Projected Income Next 12 Months
Residential (including family owned farms)	\$			
Commercial (including residential prop. over 5 units)	\$			
Vacant Land Zoned for Residential Usage	\$			
Vacant Land Zoned for Commercial Usage	\$			
Business Brokerage	\$			
Property Management Fees (Residential)	\$			
Property Management Fees (Commercial)	\$			
Farm Management Fees	\$			
Real Estate Leasing Fees (Property not managed)	\$			
Real Estate Appraisal Fees (Residential)	\$			
Real Estate Appraisal Fees (Commercial)	\$			
Real Estate Consulting	\$			
Real Estate Mortgage Brokerage	\$			
Referral Fees	\$			
Other (Describe)	\$			
Total	\$			

6. Has there been a change in the average sale price of the firm's closed transactions? Yes [] No []
 If yes, what is the average sale price? \$_____
7. Has the firm's principal broker attended a risk reduction seminar in the last year? Yes [] No [].
8. Has any person been subject to disciplinary action by any real estate association, state licensing board or other regulatory body since the last application? Yes [] No []. If yes, please attach a separate sheet with details.
9. Have any claims been made during the last year or are you aware of any circumstance which may result in a claim being made against the applicant or broker which has not been previously reported? Yes [] No []. If yes, the Supplemental Claims Information form must be completed in detail and attached.

The undersigned declares that to the best of his/her knowledge and belief one forgoing statements and representations are complete and accurate. Signing this proposal does not bind the undersigned to purchase the insurance: but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached and become part of the policy. Nor does submission of this proposal obligate the insurer or the agent to issue a policy.

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability policy. I understand that all statements in this application are "considered" material facts and an incorrect statement can void my policy.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

 Signature of Partner, Owner, Director of Named Insured

 Date