



Real Estate Rapid E&O Liability Application

Available in all states except CA, CO, ID, IA, KY, LA, MS, NE, NM, NY, ND, RI, SD & TN

Name of Firm: _____
Name of Principal Broker: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Website Address: _____ Email Address: _____
Principal Contact Name: _____
[] Corporation [] Professional Corporation [] Other: _____
[] Partnership [] Sole Partnership
Year Firm Established: _____ Year Principal Broker First Licensed: _____

To be eligible for the premium options on page two the responses to Questions 1 through 7 must be "NO"

- 1. Does the firm anticipate deriving more than \$150,000 in gross commission income in the coming 12 months? YES [] NO []
2. Does the firm provide services involving, real estate leasing or property management, commercial real estate sales or business brokerage, real estate appraisal, real estate construction development or mortgage brokerage? YES [] NO []
3. Does the applicant firm employ more than five licensed real estate agents or independent contractors (including principals and partners)? YES [] NO []
4. Does the applicant derive more than 25% of its total revenues from a single client or maintain an exclusive listing agreement with a builder or developer? YES [] NO []
5. Have you or anyone to whom this insurance would apply had their licensed revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body during the past five years? YES [] NO []
6. Are you or anyone to whom this insurance would apply aware of any filed claims, acts, errors, omissions or other circumstances which might reasonably be expected to be the basis of a claim or suit? YES [] NO []
7. Have you or anyone to whom this insurance would apply been refused insurance, been canceled, non-renewed or declined during the past 5 years? (This restriction does not apply to cancellation for non-payment of premium) YES [] NO []
8. Does the applicant currently maintain real estate errors and omissions insurance? If so, please submit a copy of your Declaration page and all endorsements, so that we may provide prior acts coverage. YES [] NO []

If you answered "YES" to any of the above questions we require further information about your firm. Please visit www.PlanetRealtyChoice.com/apps.html for a full application and further information about our program.

"Please note that the application must be signed by the principal broker of the applicant firm"

Name: _____

Signature: _____ Date: _____



VICTOR O.
SCHINNERER
& COMPANY, INC.



Real Estate *Rapid E&O* Bind Request Form

Available in all states except CA, CO, ID, IA, KY, LA, MS, NE, NM, NY, ND, RI, SD, & TN

Named Insured: _____	Broker Name: _____
Address: _____	Address _____
_____	_____
_____	_____
Contact Information _____	Contact Information _____
Name: _____	Name: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

Requested Effective Date: _____ To: _____

Requested Limit: _____ Deductible: _____ Annual Premium: _____

Please select your desired coverage from the Premium Table below

Check Total Worksheet

Total Premium _____	\$ _____
Commission % _____ Commission Amount: _____	\$ _____
Net Total: _____	\$ _____
Check Total: _____	\$ _____
Broker Tax ID# _____	

Please fax or email following items to bind coverage. You will receive binder from us within 1 to 2 business days.

1. Completed bind order form
2. Completed Rapid Response E&O application
3. The declaration page and prior acts endorsement of the firm's current policy. We will honor retroactive coverage date shown on the policy.
Email: vos.RealEstate@Schinnerer.com
Fax: 301-951-5444

Please select your desired coverage below and forward all applicable premium and any state mandated taxes. Policy premium must be mailed to us within 2 weeks.

Premium Table

Deductible Loss & Expense		\$250,000/\$250,000		\$500,000/\$500,000		\$1,000,000/\$1,000,000	
\$1,000	<input type="checkbox"/>	\$580	<input type="checkbox"/>	\$660	<input type="checkbox"/>	\$760	<input type="checkbox"/>
\$2,500	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$540	<input type="checkbox"/>	\$640	<input type="checkbox"/>

Mail your check and this form to:

For regular U.S. Postal Service:
Victor O. Schinnerer & Company, Inc.
14288 Collections Center Drive
Chicago, IL 60693

For overnight packages:
Bank of America Lockbox Services
14288 Collections Center Drive
Chicago, IL 60693

New Jersey Residents: Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. The current assessment is 1.4% and will be displayed on your premium notice. Multiply the premium you selected above by 1.014 and round to the nearest dollar. **West Virginia Residents:** The State of West Virginia assesses a tax of .55% on insurance. Multiply premium chosen by 1.0055, round to the nearest dollar and include this to the premium selected.