

Linsin, Sherman Associates

California Real Estate Errors & Omissions Insurance

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1a. Name of Applicant _____
 (List all names, trade names or DBA's under which the Applicant Operates)

1b. Date Firm Was Established: _____ Address: _____
 (Or Anticipated Start Date) (Street No. and Name)

 (City) (County) (State) (Zip Code)

2a. Email: _____ 2b. Telephone (_____) _____ 2c. Fax (_____) _____

3a. Do you currently have an E&O Policy? Yes No (If you are starting a new company, your previous Broker's E&O policy does not apply)

3b. If yes, please provide us with the following information, and, a copy of your current Declarations Page:

Current Carrier _____ Effective Date _____

Deductible \$ _____ Premium \$ _____ Retroactive Date _____

4. Preferred Deductible Option(s): \$2,500 \$5,000 \$10,000 \$25,000

5. Preferred Limits of Liability Option(s): \$500,000/\$500,000 \$1,000,000/\$1,000,000

6a. Number of Brokers/Agents (Including Broker Owners): _____ 6b. Are these C.A.R. members? YES NO

7. Please complete the following information for each Principal/Partner/Director/Officer/Owner:

NAME	TITLE	DATE FIRST LICENSED	REAL ESTATE EXPERIENCE (YEARS)

8. **GROSS COMMISSION INCOME**

	PAST FISCAL YEAR (Actual)		CURRENT FISCAL YEAR (Current/Projected)		NEXT FISCAL YEAR (Projected)	
	# of TRANSACTIONS	Gross Commission Inc.	# of TRANSACTIONS	Gross Commission Inc.	# of TRANSACTIONS	Gross Commission Inc.
RESIDENTIAL REAL ESTATE		\$		\$		\$
COMMERCIAL REAL ESTATE		\$		\$		\$
MORTGAGE BROKERAGE		\$		\$		\$
PROPERTY MANAGEMENT		\$		\$		\$
ESCROW		\$		\$		\$
BUSINESS BROKERAGE		\$		\$		\$
LEASING		\$		\$		\$
OTHER (DESCRIBE)		\$		\$		\$
TOTALS		\$		\$		\$

9. What Percentage of Standard Board/State Approved Contracts is used? _____%

10. Include the Approximate Percentage of Dual Agency Transactions Your Firm performs _____%

11. Do you perform services connected with a Real Estate Developer/Construction Company? Yes No (If yes, please explain.)

12. Have any Errors or Omissions Claims been made against any of the Applicants during the Past Five Years? YES NO
 (If yes, please provide us with all details of each claim and currently-valued loss reports – covering the previous five years.)

 (Authorized Representative Signature)

 (Date)

*Please note - This application will be used for quoting purposes only. A formal indication will be subject to the receipt and review of a fully completed application and executed Warranty Letter – Confirming No Known Claims. (6/8/07)