

To be eligible for this application you must be able to answer "True" to statements 1-7 below. Please contact our office if you are not eligible for this program.

Applicant Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

E-Mail Address: _____ Contact: _____ Website: _____

In lieu of mailing my policy, you may email my policy to the above address. I agree to receive an electronic copy of my application with my policy.

Date Established under Current Ownership: ____/____/____ Phone# : _____ Fax# : _____

NEW ACCOUNT: Desired Effective Date ____/____/____ Retroactive Date ____/____/____ **RENEWAL:** Expiring Policy # _____

If you have a policy in force, you will need prior acts coverage. Attach a Copy of your current Declarations page showing the prior acts date. If you have coverage for any predecessor firm(s) on your current policy please provide a copy of the endorsement showing coverage for the firm.

Status of Insured: Independent Contractor Sole Proprietor Partnership/LLP Corporation/LLC

Number of professionals earning \$20,000/year or more: _____ Number of professionals earning less than \$20,000/year: _____

Annual # of Transaction Sides: _____ (on closed real estate sales) Total Gross Revenue for prior 12 months: \$ _____

To be eligible for the premium options shown below, the responses to statements 1 through 7 must all be "True".

1. No owner, agent or member of the applicant company has had their license revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body within the last 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
2. No owner, agent or member of the applicant company has been cancelled, refused insurance or declined by an insurance carrier during the last 5 years (except due to loss of market or non-payment of premium). Notice to Missouri Residents Only: This question does not apply. You will be eligible if all other questions are answered True.	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the company is involved in appraisal services, mortgage brokering, property management, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
4. No single client represents more than 50% of the applicant's gross revenue and no owner or agent of the company has an exclusive listing agreement with a builder/developer.	<input type="checkbox"/> True <input type="checkbox"/> False
5. The applicant's combined total gross revenues did not exceed \$600,000.00 for the last three (3) year period (gross revenues are defined as all fees and commissions before expenses payable to employees and independent contractors).	<input type="checkbox"/> True <input type="checkbox"/> False
6. The applicant and anyone to whom this insurance will apply is not aware of any professional liability claim or any acts, errors, omission or personal injuries which might reasonably be expected to be the basis of a claim made against them within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
7. No owner, agent or member of the applicant has provided services related to pre-foreclosed or bank owned properties that included involvement in any eviction procedures, delivering or negotiating cash for keys offers or property rehabilitation.	<input type="checkbox"/> True <input type="checkbox"/> False

STEP 1: SELECT AND CIRCLE YOUR DESIRED REAL ESTATE E&O PREMIUM OPTION
ALL STATES EXCEPT CALIFORNIA, HAWAII AND NEW YORK

Claim Expenses are Outside the Limits of Liability

Deductible (Loss & Expense)	\$100,000/\$300,000	\$250,000/\$250,000	\$500,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
\$0.00*	\$630	\$660	\$730	\$760	\$800
\$1,000.00	\$508	\$536	\$597	\$633	\$663
\$2,500.00	\$450	\$479	\$540	\$575	\$606
\$5,000.00	\$369	\$398	\$458	\$494	\$525

STEP 1 TOTAL (select one):

- One Year Policy Term Premium:** \$ _____ (enter premium selected above)
- Two-Year* Policy Term Premium:** \$ _____ (premium selected x 2)

** Two-year policy term option is not available with the \$0.00 deductible OR if Cyber Coverage is added to the policy in step 2 below. Policy limits are reinstated one year from the effective date. No renewal application will be required until the two-year term has expired.*

Florida, Kentucky, New Jersey and West Virginia Applicants: Please see notes below regarding State taxes or surcharges required.

**STEP 2: COMPLETE THIS SECTION AND CIRCLE DESIRED PREMIUM TO ADD THE CYBER
 COVERAGE OPTION, OR ENTER \$0 ON PAGE 3 TO REJECT CYBER COVERAGE**

Statement 8. through 14 below must be answered “True” to be eligible for Express Cyber Coverage

8. After inquiry, the applicant and anyone to whom this insurance will apply is not aware of any acts, errors or omissions which you have reason to believe could give rise to a cyber related claim or of any intrusion, malware or other IT security related event in the last five (5) years that resulted in you incurring legal, forensic or other related expenses.	<input type="checkbox"/> True <input type="checkbox"/> False						
9. The applicant backs up all applications, data, and systems daily/nightly	<input type="checkbox"/> True <input type="checkbox"/> False						
10. The applicant’s ability to successfully restore from back-ups is tested at least annually	<input type="checkbox"/> True <input type="checkbox"/> False						
11. The applicant stores the personally identifiable information (PII) on fewer than 5,000 unique individuals (Note: each state’s definition of PII varies but in general client and HR data with social security numbers, bank, and/or payment card information will meet the definition of PII and should be included)	<input type="checkbox"/> True <input type="checkbox"/> False						
12. The applicant has engaged an IT services provider to address cyber security	<input type="checkbox"/> True <input type="checkbox"/> False						
13. The applicant’s cyber security controls include all of the following:							
<table border="1"> <tbody> <tr> <td>Up to date firewalls & antivirus</td> <td>Physical controls on access to paper records</td> <td>Password protection on all devices</td> </tr> <tr> <td>All PII is encrypted</td> <td>All users are configured according to the least privileges principal</td> <td>Critical patches are pushed within 14 days</td> </tr> </tbody> </table>	Up to date firewalls & antivirus	Physical controls on access to paper records	Password protection on all devices	All PII is encrypted	All users are configured according to the least privileges principal	Critical patches are pushed within 14 days	<input type="checkbox"/> True <input type="checkbox"/> False
Up to date firewalls & antivirus	Physical controls on access to paper records	Password protection on all devices					
All PII is encrypted	All users are configured according to the least privileges principal	Critical patches are pushed within 14 days					
14. A call back procedure is in place to verify all requests, including change requests, for any fund transfers	<input type="checkbox"/> True <input type="checkbox"/> False						

NOTE: IT IS AGREED THAT ANY CLAIM, LOSS OR COSTS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, EVENT, ACT, TRANSACTION, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 8. IS EXCLUDED FROM COVERAGE.

Claim Expenses are Inside the Limits of Liability and the deductible applies to Claim and Defense Expenses

Deductible & Waiting Period	Limit	Annual Premium
\$1,000 & 12 Hours	\$100,000	\$546.00
\$1,000 & 12 Hours	\$250,000	\$675.00

YOU MAY NOT SELECT CYBER COVERAGE LIMITS GREATER THAN YOUR REAL ESTATE E&O POLICY LIMITS. THE TWO-YEAR POLICY TERM OPTION IS NOT AVAILABLE IF CYBER COVERAGE IS ADDED TO THE POLICY

Express Cyber Policy Includes the Following*:

- Separate Limits, Deductible and Retroactive Date from the Real Estate E&O Policy
- Cyber Policy Limit Selected above applies to Loss Expense and Liability Expense
- Claim Expenses are within, and reduce the Cyber Coverage Policy Limits
- Ransomware Sublimit – 10% of the Cyber Coverage Policy Limit
- Cyber Crime Sublimit (social engineering and telecommunications hacking) – 10% of the Cyber Coverage Policy Limit
- Waiting Period – 12 Hours for Business Interruption Loss coverage

* This is only an overview of the Express Cyber Policy. Please review the policy for all coverages, terms and provisions.

If you have a current cyber policy, please include a copy of your current declarations page so we may carry over the prior acts coverage.

STEP 2 TOTAL \$ _____ (Enter Cyber premium selected above OR ENTER \$0 to REJECT cyber coverage)

STEP 3: CALCULATE YOUR TOTAL AMOUNT DUE AND REMIT WITH YOUR APPLICATION

ADD TOTAL FROM STEP 1 + STEP 2 (including State taxes or surcharges required where applicable):

STEP 1 Total: \$ _____

STEP 1 Tax/Surcharge: \$ _____

+

STEP 2 Total: \$ _____ (Or enter \$0 to REJECT Cyber Coverage)

STEP 2 Tax/Surcharge: \$ _____

TOTAL AMOUNT DUE: \$ _____

Florida Residents:

Companies writing property and casualty insurance business in the State of Florida are required to collect a Florida Insurance Guaranty Association (FIGA) surcharge of 2%. Multiply the premium you selected by 1.020. This is the total premium and surcharge due.

Kentucky Residents:

The premiums above do not include the State, City or County Taxes assessed in Kentucky. Contact your agent to obtain the amount of the tax prior to submitting this application.

New Jersey Insurance Guaranty Association Fund:

Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Insurance 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 0.5% and will be displayed on your premium notice. Multiply the premium you selected above by 1.005 and round to the nearest dollar. This is the total premium and assessment due.

West Virginia Residents:

The State of West Virginia assesses a tax of 0.55% on insurance. Multiply premium you selected above by 1.0055 and round to the nearest dollar. This is the total premium and tax due.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ARKANSAS, LOUISIANA AND WEST VIRGINIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance benefits, and/or civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

D.C. FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA FRAUD WARNING: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA AND WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

DISCLAIMER

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

The undersigned is authorized by, and acting on behalf of, the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the Applicant's professional liability coverage.

Print Name

Title

Signature

Date

Florida, Iowa and New Hampshire Agents Only, please provide the following: License # _____

Agent or Producer name _____ Signature: _____

*To bind coverage please send the completed application and check
(including all taxes/surcharges, if applicable) to your agent:*



Return application to:
CB Malaga Insurance Services LLC
tel: 877-245-5887
fax: 805-426-8540
email: info@reproinsurance.com



Your Great American Supplemental Cyber Loss & Liability Insurance Policy

Disclosure of Terrorism Coverage under the Terrorism Risk Insurance Act

***** NOTICE: this Disclosure applies only to the optional coverage available under the Supplemental Cyber Loss & Liability policy. Your Professional Liability errors and omissions coverage is not subject to the Terrorism Risk Insurance Act (TRIA). If you are not applying for the optional Supplemental Cyber Loss & Liability coverage you may disregard this notice. *****

The Terrorism Risk Insurance Act established a program within the Department of the Treasury under which the Federal Government shares, with the insurance industry, the risk of loss from future terrorism attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

The Terrorism Risk Insurance Act contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

In accordance with the Terrorism Risk Insurance Act, we are required to offer you coverage under the optional **Supplemental Cyber Loss & Liability policy** for losses resulting from an act that is certified under the federal program as an act of terrorism. The Supplemental Cyber Loss & Liability policy's other provisions will still apply to such an act.

This coverage is being **included at no additional charge** and if you wish to accept this coverage there is nothing further that you are required to do; however, if you wish to reject this coverage please sign and date where indicated below and return this form. By doing so, you agree that an exclusion of losses from certified acts of terrorism will be made part of your Supplemental Cyber Loss & Liability policy.

Rejection of Terrorism Coverage under the optional Supplemental Cyber Loss & Liability policy

By signing below, I acknowledge that I am rejecting the offer of terrorism coverage. I understand that an exclusion of losses from certified acts of terrorism will be made part of my Supplemental Cyber Loss & Liability policy:

Policyholder/Applicant's Name (please print)

Policyholder/Applicant's Signature

Named Insured

Policy Number (if available)

Date



for all the *great* you do®

CBMALAGA

Insurance Services LLC

Premium Payment Options

Premium Option Selected on Application: \$ _____
Processing Fee: \$ **50.00**
Total Due (Premium + Processing Fee): \$ _____

The completion of this form and remittance of payment does not bind coverage. Coverage binding is subject to approval by the insurance company.

OPTION 1 – PAYMENT BY CHECK

Mail your signed application and check payable to **CB Malaga Insurance Services LLC** to the following address:

**Ms. Marie Meggs
CB Malaga Insurance Services LLC
212 W Ironwood Dr. Ste D #176
Coeur d'Alene, ID 83814**

OPTION 2 – PAYMENT BY CREDIT CARD

Send us a copy of your signed application either by **email at info@reproinsurance.com** or by **fax at (805) 426-8540** and complete the following:

Credit Card Number: _____ Name on Card: _____

Card Verification Code: _____ Expiration Date: ____ / ____

Billing Address: _____

City: _____ State: _____ Zip: _____

I authorize CB Malaga Insurance Services LLC to charge my credit card provided herein for the agreed amount listed above. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Print Name: _____ Signature: _____ Date: _____