

**To be eligible for this application you must be able to answer "True" to statements 1-7 below.
Please contact your agent if you are not eligible for this program or need coverage for services not offered under the Express program.**

Applicant Name: _____

Street Address: _____

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

Mailing Address (if different): _____

E-Mail Address: _____ Contact: _____

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.

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).	<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 \$500,000.00 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

Turn to Page 2 to Select and Circle Your Premium Option and Remit With Your Application

**SELECT AND CIRCLE YOUR DESIRED PREMIUM OPTION
AND REMIT WITH YOUR APPLICATION**

CALIFORNIA

Claim Expenses are in addition to 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
\$1,000.00	\$683	\$721	\$803	\$851	\$892
\$2,500.00	\$605	\$644	\$726	\$773	\$815
\$5,000.00	\$496	\$535	\$616	\$664	\$705

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.

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

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

CBMALAGA
Insurance Services LLC

Return application to:
CB Malaga Insurance Services LLC
1534 N Moorpark Rd., Suite 316
Thousand Oaks, CA 91360
tel: 877-245-5887 fax: 805-426-8540
email: info@reproinsurance.com



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
1534 N Moorpark Rd., Suite 316
Thousand Oaks, CA 91360**

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: _____