



VICTOR O.
SCHINNERER
& COMPANY, INC.



Real Estate Rapid E&O Liability Application

Available in all states except AK, CA, CO, HI, 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

If you answered "YES" to any of the above questions we require further information about your firm. Please call 1-800-438-2746 for a full application and further information about our program.

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

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

Name: _____
 Signature: _____ Date: _____

Capital Professional Insurance Managers, Inc.
 7501 Wisconsin Avenue, Suite 1500
 Bethesda, MD 20814-6522
 Phone: 800-438-2746 * Fax: 301-986-6805



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Real Estate *Rapid E&O* Bind Request Form

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Named Insured:	_____	Broker Name:	<u>Capital Profesional Insurance Managers, Inc.</u>
Address:	_____ _____ _____	Address	<u>7501 Wisconsin Avenue</u> <u>Suite 1500</u> <u>Bethesda, MD 20814-6522</u>
Contact Information		Contact Information	
Name:	_____	Name:	<u>Peggy McDonough</u>
Phone:	_____	Phone:	<u>1/800-438-2746</u>
Fax:	_____	Fax:	<u>301-986-6805</u>
Email:	_____	Email:	<u>peggy.mcdonough@cpim.com</u>

Requested Effective Date: _____ To: _____
 Prior Acts Date: _____
 Requested Limit: _____ Deductible: _____ Annual Premium: _____

Please select your desired coverage from the Premium Table below

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"/>

Total Premium \$ _____

Please fax or email following items to bind coverage:

- 1) Completed Rapid E&O Bind Request form
- 2) Completed Rapid E&O Liability 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.
- 4) A check for the appropriate premium payable to CPIM. Please call and ask for a "Pay by Fax" form or mail everything to the address indicated above.

Email: peggy.mcdonough@cpim.com
Fax: 301-986-6805

You will receive a binder from us within 1 to 2 business days.

***This policy includes coverage for personal injury, lockbox liability, the sale of an agent's primary residence and/or secondary residence, environmental hazards coverage to policy limits, discrimination coverage for defense and damages, free subpoena and pre claims assistance, a deductible credit for the use of mediation and includes many other important features.

Please select your desired coverage below and forward all applicable premium and any state mandated taxes.

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.

Florida Hurricane Catastrophe Fund Surcharge: Effective January 1, 2007 and Pursuant to Florida Statutes, Section 215.55(6)(b), the Florida Office of Insurance Regulations has been directed to levy an emergency assessment/surcharge on all property and casualty insurance in the amount of 1.0%. As such, each insured is required to pay this additional 1.0% on the quoted premiums. Please note that the 1.0% is NOT included in the attached quotations but will need to be calculated and added to the premium by multiplying the desired premium by .01. Also note the following: the surcharge MUST be paid in full at policy inception, regardless if the premium is on installments and failure to pay the surcharge will result in CANCELLATION of the policy."

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