



# UTICA MUTUAL INSURANCE COMPANY

NEW HARTFORD, NEW YORK

**THIS IS A  
CLAIMS-MADE POLICY**

## APPLICATION FOR REAL ESTATE AGENTS ERRORS AND OMISSIONS COVERAGE

**(As Endorsement to Insurance Agents and Brokers Errors and Omissions Policy)**

(ALL QUESTIONS CONTAINED HEREIN MUST BE ANSWERED. Any unanswered questions will be deemed to have been answered in the negative. Any question where the space provided for the answer is inadequate, use a separate sheet of paper to complete answers and attach to this application.)

Real Estate Agents Errors and Omissions Coverage can be endorsed to the Insurance Agents and Brokers Errors and Omissions policy if the real estate operation is owned by the named insured and is incidental to the insurance operations.

Utica Mutual Insurance Company's Insurance Agents and Brokers Errors and Omissions Policy No. \_\_\_\_\_

**(Please Type or Print)**

1. Name of the insured R.E. Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
(Area Code)

2. Address \_\_\_\_\_  
Street City State Zip Code

3. When was real estate business established? \_\_\_\_\_

4. (a) ALL persons licensed to sell real estate on your staff MUST BE named and designations indicated below:

- "S" sole proprietor
- "O" officer of the corporation
- "P" partner of the firm
- "E" salaried employee of real estate agency
- "A" commission only real estate agent

Name	Designation	Active or Inactive	Licensed Since

4. (b) REAL ESTATE PREMIUM CALCULATION

Active owners \_\_\_\_\_ (Do not count inactive owners)  
 Other licensed real estate agents (see 4.(a)) \_\_\_\_\_ (Count all other persons licensed here)  
 TOTAL active real estate staff for whom a premium MUST be paid \_\_\_\_\_

5. Previous Real Estate Errors and Omissions carrier Policy No. \_\_\_\_\_ Limit \_\_\_\_\_

6. Approximately what percentage of the insured's Gross Annual Income is derived from:

Real Estate Sales .....	_____ %
Property Management of Property Held for Sale* .....	_____ %
Insurance .....	_____ %
Other .....	_____ % Explain: _____
Total	_____ %

\*See endorsement definition of Real Estate Property Management for limited coverage afforded.

7. Has any application for similar insurance made on behalf of the agency or those listed under question #4 ever been declined or has any such insurance ever been cancelled or renewal refused? \_\_\_\_\_ If yes, give details \_\_\_\_\_

8. Have any claims been made during the past five years against the agency or those listed in question #4? \_\_\_\_\_ If yes, give details \_\_\_\_\_

9. Is the insured aware of any circumstances which may result in any claim being made against the insured or those listed in question #4? \_\_\_\_\_ If yes, give details \_\_\_\_\_
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10. Limit desired \$ \_\_\_\_\_ Each Loss \$ \_\_\_\_\_ Aggregate  
 Deductible \$ \_\_\_\_\_ 1,000. Each Loss
11. Insurance is effective only upon payment of premium. Premium check or draft may be handled for collection in accordance with the practices of the collecting bank or banks and the insurance shall be void if the full amount of premium check or draft is not received by the company.

**Fraud Warning** – For those states for which ACORD has developed a state-specific Fraud Warning, ACORD 63 (Arkansas, Colorado, Ohio & Oklahoma), such form must be read and signed by the applicant and attached to each copy of the application required to be submitted.  
**For other states except Nebraska and Oregon:**  
**Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY; Substantial] civil penalties. In VA and ME insurance benefits may also be denied.**

I/WE HEREBY DECLARE that the above statements and particulars are true to the best of our knowledge, and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Utica Mutual Insurance Company, New Hartford, N.Y., and deemed a part thereof.

By owner, partner or officer (must be signed in ink)

\_\_\_\_\_ Date \_\_\_\_\_

One signed copy will be attached to the Policy or certificate, if issued. (SIGN BOTH COPIES IN INK)  
 Signature to the form does not bind the Company to complete insurance.