



1200 E. Glen Avenue, Peoria Heights, IL 61616-5348  
pearlinsurance.com



## The Same Great E&O Policy You Trust From Pearl Insurance —Now With Lower Rates!

With Pearl Insurance's Instant Quote process, you're receiving incredible coverage from Pearl Insurance and XL Catlin, issued by email in 48 hours or less! Your policy will still include all of the valuable features of our trusted E&O policy:

- **Subpoena Assistance:** No-cost legal assistance for when you are not party to the claim
- **Free 3-Year Extended Reporting Period:** New policy provides free 3-year tail for death, disability, or retirement when insured with us for 4 years
- **Network & Privacy:** Get protection if private client information is lost or stolen from your networks and more—built into the policy!
- **Not-For-Profit D&O:** Exclusive to Pearl Insurance. Get Directors & Officers (D&O) Liability Insurance protection for not-for-profit activities
- **Exclusive Risk Management Materials:** Access to seminars, webinars, case studies, and other materials only available to Pearl Insurance's Real Estate Professionals Risk Purchasing Group Association
- **Open House Property Damage Coverage Option**
- **Agent-Owned Property:** Get immediate coverage—no waiting period applies!
- **Early Claims Resolution:** Provides deductible reduction for defense and damages when a claim is closed within 12 months

Plus, our Instant Quote policy now offers premiums for **less than \$500 per year!**

### To get started:

1. Complete and sign your application
2. Mail the following items to the address at the top of this page, or fax them to **866.817.9009**
  - a. Your application
  - b. Quote Acceptance form
  - c. If you currently carry Errors and Omissions Insurance, your current **declarations** page\*
3. And then receive your policy by email in 48 hours!

For more information, contact an E&O Specialist today:  
[pearlinsurance.com](http://pearlinsurance.com) | **800.447.4982**

\*Policy effective and retroactive dates are subject to verification by Pearl Insurance. We will use your existing effective date and retroactive date if you apply prior to your effective date and remit payment within 14 days of that date.

## Quick Quote Real Estate E&O Insurance Application

**Notice:** This is an application for a policy that contains "Claims-made" liability protection. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.

Firm Name: \_\_\_\_\_  
Principal Broker: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail & Website: \_\_\_\_\_

*To be eligible for the premium options on page two, the responses to questions 1 through 5 must be "NO"*

1. Did the firm derive more than \$200,000 in gross commission income during the past 12 months?  Yes  No  
1 (a) Does the firm project deriving more than \$200,000 in gross commission income during the next 12 months?  Yes  No
2. Does the firm provide services involving commercial real estate sales, property management, real estate construction development, appraisals, mortgage brokering or business brokering?  Yes  No
3. Does any client represent more than 25% of the applicant's annual income?  Yes  No
4. During the past 5 years, have any errors and omissions claims been made against the applicant, or any of their past or present principals, partners, directors, officers, or other professionals?  Yes  No
5. After inquiry, does the applicant, or any principals, partners, directors, officers or other professionals have knowledge or information of any circumstance or incident, or any allegation or contention of any incident, which may result in any claim being made against them?  Yes  No

6. Does the firm currently maintain real estate errors and omissions insurance? If yes, please  Yes  No  
 remit a copy of your current Declarations page and Endorsements.

\*\* Select your coverage below and remit all applicable premiums. Premium must be mailed to us within 2 weeks.

Desired Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Per Claim Limit	Deductible			
	\$1,000	\$1,500	\$2,500	\$5,000
\$250,000	\$530	\$505	\$470	\$395
\$500,000	\$590	\$565	\$530	\$455
\$1,000,000	\$655	\$630	\$595	\$520

### APPLICANT FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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, and civil damages. 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** A "fraudulent insurance act" means an act committed by 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 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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

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

**NOTICE TO MARYLAND APPLICANTS:** 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 (*this new language will be used on and after January 1, 2013*).

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

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with 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.

**NOTICE TO 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.

**NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance:** 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**NOTICE TO TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation** 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.

**NOTICE TO UTAH APPLICANTS: Workers' Compensation:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA APPLICANTS:** 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.

**NOTICE TO WASHINGTON APPLICANTS:** 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.

**NOTICE TO WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

*(Applicant Fraud Language last updated 5/12 using Notice to Policyholders PN CW 01 1211 and revised MD fraud language effective on and after January 1, 2013.)*

### DISCLAIMER AND AUTHORIZATION

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. **Completion of this form does not bind coverage.** Applicant's acceptance of the Company's quotation is required prior to binding coverage and policy issuance. The applicant accepts notice that they are required to provide written notification to the Company of any changes to this application that may occur between the signature date below and any proposed effective date. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker/Owner Name: \_\_\_\_\_

The applicant's signature will authorize Pearl Insurance to fax the quotation and other policy information to the fax number listed on Page 1 unless otherwise noted.  No, do not fax.

**NOTICE TO POLICYHOLDER**

**PLEASE READ CAREFULLY**

This notice is provided pursuant to New York Insurance Department Regulation 107.

It is hereby acknowledged and agreed that the Deductible shall be reduced by **claims expenses**, but only up to fifty percent (50%) of the Deductible.

**Claims Expenses** are in addition to the limit of liability.

Accepted By: \_\_\_\_\_  
(Authorized Representative of the NAMED INSURED)

Date: \_\_\_\_\_

All other terms and conditions remain the same.

\_\_\_\_\_  
(Authorized Representative)

# Quote Acceptance

## COVERAGE AMOUNT

Please check the box that corresponds with your desired coverage.

PER CLAIM LIMIT	DEDUCTIBLE		
	\$1,000	\$2,500	\$5,000
\$250,000	<input type="radio"/> \$530	<input type="radio"/> \$470	<input type="radio"/> \$395
\$500,000	<input type="radio"/> \$590	<input type="radio"/> \$530	<input type="radio"/> \$455
\$1,000,000	<input type="radio"/> \$655	<input type="radio"/> \$595	<input type="radio"/> \$520

## COVERAGE PAYMENT

Subtotal (Enter amount chosen above)	\$
Membership Fee	\$75
<b>TOTAL</b>	\$

By purchasing this insurance coverage, you become a member of the Real Estate Professionals Risk Purchasing Group Association (REPRPGA). The \$75 membership fee gives you access to informative articles, risk manager newsletters, risk management seminars, and more.

**Please return this form and your completed Quick Quote Real Estate E&O Insurance Application to Pearl Insurance.** Your payment must be remitted within 2 weeks of the date we receive your application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Instructions

In order to receive coverage through our Instant Quote process, you must remit your payment within 2 weeks of the date we receive your application. Please see the Quote Acceptance page to determine the total amount you owe.

### CHECK PAYMENT

If you are **paying by check**, please mail your materials to:

Pearl Insurance  
1200 E. Glen Ave.  
Peoria Heights, IL 61616

### ONLINE PAYMENT

You may also take advantage of our safe, fast, and convenient **online payment option** at **[secure.pearlonlinepay.com](http://secure.pearlonlinepay.com)** by following the steps below:

1. In the address (URL) line of your browser, type **[secure.pearlonlinepay.com](http://secure.pearlonlinepay.com)**.  
Do not use a search engine to access this payment site
2. Choose your line of business
3. Enter your unique Pearl ID: Starts with 1- (see email subject line or contact a Pearl Insurance representative)
4. When prompted, enter the tracking ID code: XL01
5. Follow the remaining prompts to enter the required billing and payment information
6. For your records, a confirmation receipt will be emailed to you immediately upon successful completion of your transaction

If you need assistance or would like more information, contact your Pearl Insurance representative:  
**[pearlinsurance.com](http://pearlinsurance.com) | 800.447.4982**