



KANSAS
REAL ESTATE PROFESSIONAL ERRORS AND OMISSIONS
INSURANCE RENEWAL APPLICATION

Note: Failure to submit a completed application in a timely manner could jeopardize your prior acts coverage.

Named Insured: _____

Policy No.: _____ Effective Date: _____ Pearl I.D.: _____

- Has your street, mailing address, phone, fax or e-mail address changed? If yes, please correct below.
Have there been any name changes, mergers, acquisitions, consolidations or other significant changes in the past year? If yes, please provide details on a separate sheet.

List all states in which the firm operates and the percentage for each state:

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ E-mail and Website: _____

1. Real Estate Services: Please indicate the Applicant's total gross commission income or fees derived from each of the following real estate services.

Please note: Total gross commission income or fees are those which are paid to the Applicant for the listing or sale of real estate before commission or fees to sales persons representing the applicant firm, but after commissions or fees to other firms.

Table with 3 columns: Real Estate Services, Last 12 Months Commissions/Fees, Last 12 Months # of Transactions. Rows include Residential Sales and Leasing (1-4 Family Dwellings, Properties Owned by Applicant or Agent) and Non-Residential Sales and Leasing (Commercial Properties, Sale of Land).



Real Estate Services	Last 12 Months Commissions/Fees	Last 12 Months # of Transactions
Properties Owned by Applicant or Agent		
Real Estate Consulting (Provide a detailed explanation of services)		
Other Services		
Sale of Business Opportunities		
Real Estate Development or Construction		
Mortgage Brokering		
Real Estate Auctioning		
Property Management		
1-4 Family Residential		
Apartments		
Condominiums/Cooperatives		
Shopping Centers		
Office Buildings		
Real Estate Appraising		
Residential		
Commercial		
Right-of-Way		
Referrals/BPO's/CMA's		
Other (describe on separate sheet)		
TOTALS		

2. **Staff Information:** Please list the total number of staff for each of the following: (List each person only once, identifying their primary area of responsibility) **Please list each person only once, identifying, their primary areas of responsibility. Please include yourself in one of the categories.**

	Agents Earning More than \$20,000 in commission	Agents Earning Less than \$20,000 in commission	No Income
Real Estate Agents/Brokers/Independent Contractors			
REALTOR® Assistants (licensed & unlicensed)			
Property Managers			
Appraisers			
Auctioneers			
Mortgage Brokers			
Real Estate Consultants			
Referral Agents (referring only to applicant)			
Clerical			
Other (please describe)			
TOTAL			



Underwriting Information

- 3. Do at least 15% of all licensees hold a professional designation? (Such as GRI, Broker, Associate Broker) Yes No
- 4. Have at least 50% of all licensees participated in an accredited real estate continuing education program? Yes No
- 5. Does the Applicant offer a Home Warranty Program? Yes No
- 6. Does the Applicant use a standard contract form for the listing and sale of all Real Estate approved by a board of Realtors® or state association of Realtors®?
If No, Please explain on a separate sheet why nonstandard forms are used.
- 7. Does any client represent more than 25% of the Applicant's annual income? Yes No
If yes, please provide details on a separate sheet. Please include: name of entity, percentage. Revenues from that entity and the expected percentage for the next 12 months.
- 8. Do all of the Applicant's brokers and salespersons disclose to their clients, in writing, the legal nature of their relationship; (i.e., whether the salesperson is representing the buyer or the seller?) Yes No
- 9. During the last 12 months, what percentage of transactions did the applicant represent both the buyer and seller? _____ %
- 10. In the past year, what was the average value of properties sold by applicant? \$ _____
- 11. In the past year, what percentage of your overall transactions was derived from REO's/Foreclosures/Short Sales? _____ %

If Question 11 is greater than 0%, does the applicant utilize a neutral third party loss mitigation service for all REOs/Foreclosures/Short Sale Transactions? Yes No
- 12. Does the Applicant have a written procedures manual, including procedures on how to handle complaints and compliance with Federal, State and Local statutes? Yes No
- 13. Does the Applicant have a formalized training program for all professionals and staff? Yes No
- 14. Does the Applicant's standard contract include wording that recommends the use of Alternative Dispute Resolution techniques, such as arbitration or mediation, to settle client disputes? Yes No

APPLICANT FRAUD NOTICE

NOTICE TO KANSAS APPLICANTS: For purposes of this act 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.



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. 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.**

Insurance Agent Information	Name	Agent License Number
Mail To	Pearl Insurance 1200 East Glen Avenue Peoria Heights, IL 61616	phone 800.289.8170 fax 309.688.5820 www.pearlinsurance.com