



California - Instant Quote Real Estate E&O Insurance Application

Company Providing Coverage: Greenwich Insurance Company

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 a binding quote, your responses to questions 1 through 5 must be "NO".
If you answered "YES" to any of questions 1 through 5, you may still qualify for our Instant Quote pricing.***

Please call 800-289-8170 or email EOQuote@pearlinsurance.com and a representative will assist you.

1. Did the firm derive more than \$250,000 in gross commission income during the past 12 months? Yes No
 1 (a) Does the firm project deriving more than \$250,000 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 remit a copy of your current Declarations page and Endorsements. Yes No

** Select your coverage below and remit all applicable premiums. Premium must be mailed to us within 2 weeks.
 ** Coverage is not applicable in all states.

Desired Effective Date: ____/____/____

Limits of Liability	Annual Premiums			
	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
\$100,000 / \$300,000	\$605	\$565	\$535	\$440
\$250,000 / \$250,000	\$640	\$600	\$570	\$475
\$500,000 / \$500,000	\$710	\$670	\$645	\$545
\$1,000,000 / \$1,000,000	\$790	\$750	\$725	\$625

NOTICE TO CALIFORNIA APPLICANTS: 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.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

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.