



**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.**

<b>Real Estate Services</b>	<b>Last 12 Months Commissions/Fees</b>	<b>Last 12 Months # of Transactions</b>
<b>Residential Sales and Leasing</b>		
1-4 Family Dwellings		
Properties Owned by Applicant or Agent		
<b>Non-Residential Sales and Leasing</b>		

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

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)			
<b>TOTAL</b>			

## 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.**  Yes  No
7. Does any client represent more than 25% of the Applicant's annual income?  
**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.**  Yes  No
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

**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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	<b>Pearl Insurance</b> 1200 East Glen Avenue Peoria Heights, IL 61616	<b>phone</b> 800.289.8170 <b>fax</b> 309.688.5820 <a href="https://pearlinsurance.com/">https://pearlinsurance.com/</a>