



**ENDORSED BY THE
ILLINOIS ASSOCIATION
OF REALTORS®**

NEW APPLICATION

SCHINNERER USE ONLY	

1. Your Full Name (Include all firm names, trading names, franchise affiliation or DBAs under which you operate.) _____ Independent Contractor? Yes No

Address of Principal Office _____

Phone # _____ Contact _____ Fax # _____

Has your firm name ever changed or has there been any acquisition, consolidation, dissolution, merger or change in business organization? Please explain. Use separate sheet as necessary. Yes No

2. Limits of Liability Requested (each claim/annual aggregate) <input type="checkbox"/> \$100,000/\$100,000 <input type="checkbox"/> \$ 500,000/\$ 500,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 <input type="checkbox"/> \$250,000/\$250,000 <input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> _____	3. Deductible Requested (per claim) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> _____
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4. Staff (indicate numbers)

NOTE: All principals and staff should only be included once.

	Full-Time	Part-Time	Inactive
Principals, Partners, Directors, Officers			
Licensed Real Estate Agents			
Property Management Staff			
Real Estate Appraisers			
Real Estate Counselors/Consultants			
Other Employees (including clerical)			

5. Complete the following for each principal, partner, director and officer. Use separate sheet as necessary.

Name and Title	Current Status	Year First Licensed as Real Estate	List All Real Estate Related:		License Ever Revoked or Suspended?
			Professional Associations	Professional Designations	
	<input type="checkbox"/> Inactive <input type="checkbox"/> Active	Agent: _____ Broker: _____			
	<input type="checkbox"/> Inactive <input type="checkbox"/> Active	Agent: _____ Broker: _____			

6. a) Are you controlled by or owned by or associated with, or do you control or own any other firm or business? Yes No
Use separate sheet as necessary.

b) Is your firm or any agent/broker/principal engaged in any business enterprise or professional practice OTHER THAN real estate sales, leasing, property management, appraisal or counseling? Please explain. Yes No

MAIL COMPLETED APPLICATION TO:

Capital Professional Insurance Managers, Inc.
7501 Wisconsin Avenue, Suite 1500
Bethesda, MD 20814-6522
1-800-GET-CPIM
FAX: 1-301-986-6805
E-MAIL: info@cplm.com

Victor O.
Schinnerer
& Company, Inc.
UNDERWRITING MANAGERS & PROGRAM ADMINISTRATORS

LOSS PREVENTION

7. What percentage of your properties sold in the past 12 months with a home protection or warranty program? _____ %
8. What percentage of your sales in the past 12 months used property disclosure forms? _____ %
9. Do you use an in-house office policy/procedures manual? Yes No
10. Do you use local board, state association or other approved contract forms? If not, attach copies of your forms. Yes No
11. What percentage of your agents participated in a formal real estate related continuing education program during the past 12 months designed to reduce broker liability? _____ %
12. What percentage of your agents have completed at least two components of the NAR Legal Liability Series? _____ %
13. Are you a member of NAR? Yes No

FAIR HOUSING

14. Have you been the subject of disciplinary action by a regulatory agency resulting from the violation of any federal, state or local fair housing law? Use separate sheet as necessary. Yes No
15. Do you have procedures in place designed to prevent fair housing claims? Please describe. Yes No
16. Have at least 75% of your agents completed at least one of the following? Yes No
 If not, are you committed to 75% participation within the next 90 days? Yes No
- A. Fair Housing in the '90s (NAR Legal Liability Series)
 B. Fair Housing in the '90s (NAR Rental Training Kit)
 C. Courses developed under the Voluntary Affirmative Marketing Agreement (VAMA)
 D. An equivalent state or local course. Please describe.

YOUR INCOME

17. Does any client represent more than 25% of your firm's annual income? Use separate sheet as necessary. Yes No

18. Real Estate Activities: Show all income, fees and commissions BEFORE split with brokers or salespeople or deduction of expenses.

	TRANSACTIONS (Sides)	PAST FISCAL YEAR	
		Ending: ___/___/___	NEXT 12 MONTHS (Estimated)
A. Residential Real Estate Sales		\$	\$
B. Farm and/or Ranch Sales		\$	\$
C. Commercial, Industrial and/or Income Property Sales		\$	\$
D. Real Estate Leasing Fees (property not managed)	N/A	\$	\$
E. Real Estate Counseling/Consulting	N/A	\$	\$
F. Real Estate Appraisal	N/A	\$	\$
G. Property Management Fees (non-owner)	N/A	\$	\$
H. Business Opportunities Brokerage	N/A	\$	\$
I. Mortgage Brokerage/Financial Arrangements	N/A	\$	\$
* J. Mortgage Banking		\$	\$
* K. Real Estate Development/Construction		\$	\$
* L. Group Investments/Syndications, Trusts and/or Partnerships		\$	\$
* M. Income from properties that are owned or controlled by you		\$	\$
TOTAL GROSS INCOME		\$	\$

* Note: Refer to Policy Exclusions regarding activities described in Question 18J, K, L and M.

19. On a separate sheet, please provide your firm's 10 largest sales/leases in the past 5 years. Include a brief description and the value of the property.

REAL ESTATE APPRAISAL Questions 20-23 should be completed if income is shown in question 18F.

20. Appraisals and Fees for the Past Fiscal Year:	NUMBER OF APPRAISALS APPRAISALS	APPRAISAL FEES
A. Single Family Dwellings		\$
B. Personal Property		\$
C. Commercial Property		\$
D. Industrial Property		\$
E. Apartments		\$
F. Farms and Ranches		\$
G. Land		\$
H. Other (describe)		\$

21. Breakdown of Appraisal Clients:

A. Seller	%	E. Estate and/or Tax Purposes	%
B. Prospective Buyer	%	F. Developer	%
C. Owner (for purpose other than sale)	%	G. Investor/Syndicator	%
D. Lenders/Financial Institutions	%	H. Other (describe)	%

22. Please provide the names and addresses of the top 5 lending institutions for which your firm provides appraisals.

1.	%
2.	%
3.	%
4.	%
5.	%

23. Is any member of your firm an officer or director of any client bank or savings and loan? If Yes, please provide details. Yes No

PREVIOUS COVERAGE

24. Please complete the following for your firm and any predecessor firms with respect to Real Estate Agents Errors and Omissions Liability Insurance for the past 6 years. If no past coverage, indicate NONE.

POLICY PERIOD MO/DAY/YR	INSURANCE COMPANY (not agent)	LIMIT OF LIABILITY	DEDUCTIBLE	ANNUAL PREMIUM or PER TRANSACTION RATE
TO				
TO				
TO				
TO				
TO				
TO				

CLAIMS Answer Questions 25 and 26 only after inquiry of each member of your firm. If Yes to 25 or 26, please complete Supplement Claim Information Section for each claim.

25. Have any claims (including violations of fair housing laws) been made against your firm or anyone indicated in question 4 or 5? Yes No

26. Are you aware of any act, error, omission or other circumstances which might reasonably be expected to be the basis of a claim or suit against your or anyone indicated in question 4 or 5? Yes No

27. During the past 6 years, has any Insurance Company declined, cancelled or refused to renew for the applicant or anyone named in question 5? If Yes, please explain. Yes No

SUPPLEMENTAL CLAIM INFORMATION

- A. Please complete this section if you have been involved in any claim or suit during the past 6 years.
- B. Complete one for each claim. Please copy and use this form to report additional claims.
- C. Leave no blanks.

1. Your Name	
2. Full Name of Individual Involved in the Claim	
3. Full Name of Claimant	
4. Date of Alleged Error	5. Date of Claim
6. Additional Defendants	
7. Name of Insurer	
8. Present Status of Claim <input type="checkbox"/> Pending <input type="checkbox"/> Closed <input type="checkbox"/> In Suit	
9. If Closed, Total Loss Paid \$	Expense Paid \$
10. If Pending, Amount Asked in Summons \$	Claimant's Settlement Demand \$
11. Defendant's Offer for Settlement \$	Insurer's Loss Reserve \$
12. Description of Claim — Including Assessment of Liability if Pending: (Please provide enough information to allow evaluation.)	
A. Description of Claim and Events:	B. Allegation Upon Which Claimant Bases Claim:
13. Explain what action(s) have been taken to prevent a recurrence or similar claim:	

NOTE: The insurance coverage for which you are applying is written on a Claims-made Policy; therefore, only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means the receipt by you of a demand for money or services, naming you and alleging a "wrongful act." If you have any questions about the coverage, please discuss them with your insurance agent.

The following warning statement is required by Regulation No. 95 of the Insurance Department of the State of New York:

Warning — New York Residents

"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 \$5,000.00 and the stated value of the claim for each such violation."

Ohio Fraud Prevention Warning: 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.

Pennsylvania Fraud Prevention Warning: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

I/we hereby declare that the above statements and particulars are true 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 company and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application does not bind the company to issue or the applicant to purchase the insurance.

Name	Title
Signature	Date

APPLICATION MUST BE CURRENTLY SIGNED AND DATED BY A PRINCIPAL OF THE FIRM TO BE CONSIDERED FOR A QUOTATION.