



Travelers Casualty and Surety Company of America
 Hartford, Connecticut

IMPORTANT NOTE: This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

NEW YORK DEFENSE EXPENSES NOTICE: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

Throughout this application "you" and "your" means the entity or individual applying for this insurance.

1. Renewal of Policy Number: _____ 2. Policy Expiration Date: _____
 (mm/dd/yyyy)

APPLICANT INFORMATION

3. Your Full Legal Name _____

4. Your "trade name" or "doing business as" name _____

5. Your address _____

a. Street

City	State	Zip code	County
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b. Mailing (if different)

City	State	Zip code	County
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6. Your primary contact _____

Name		Title
Phone	Fax	Email

7. Your Website Address _____

8. Has your primary location or mailing address changed in the past 12 months? Yes No

If yes, please provide new address: _____

Primary Location Mailing Address

9. During the past 12 months, has the name, structure, or ownership changed, or has there been an acquisition, consolidation, merger, dissolution, or any other change? Yes No

If yes, please provide details: _____

10. How many real estate brokers and agents do you employ, or have under contract as independent contractors?

Full Time: _____ Part Time: _____

11. Complete the following chart for each service provided.

Service		Most Recent 12 Calendar Months (Not Fiscal Year)		Prior 12 Calendar Months	Projected 12 Calendar Months
		Gross Commissions and Fees	Number of Transactions	Gross Commissions and Fees	Gross Commissions and Fees
Residential:	Sales				
	Leasing				
	Property Management*				
	Appraising*				
Commercial:	Sales				
	Leasing				
	Property Management*				
	Appraising*				
Auctioneering*					
Sale of Foreclosed/REO Properties					
Broker Price Opinion					
Other (describe): _____					
TOTALS					

* Indicates services that require the completion of the Other Real Estate Professional Services Supplement.

12. During the most recent 12 calendar months indicate, the number of properties in which you or any member of the agency (including independent contractors) was an owner, buyer, or investor at the time services were provided: _____
- a. Is written disclosure of such ownership interest made to all parties?..... Yes No
- If no, please provide details: _____
13. What percentage of your transactions have the buyer and seller been represented by the same agent or agency (dual agency)?..... %
- a. Are written disclosures used on each dual agency transaction?..... Yes No

COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

FRAUD WARNINGS

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

