



To be eligible for this application you must be able to answer "True" to statements 1-6 below. Please note that mortgage brokering coverage is not offered with the Express Application. Please contact our office if you are not eligible for this program or need mortgage brokering coverage.

Applicant Company Name \_\_\_\_\_

Name of Principal Broker \_\_\_\_\_

Address \_\_\_\_\_  
 Number and Street Suite Number

City or Town State/Province Zip/Postal Code

Mailing Address (if different) \_\_\_\_\_  
 Number and Street Suite Number

City or Town State/Province Zip/Postal Code

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

In lieu of mailing my policy, you may email my policy to the above address. I agree to receive an electronic copy of my application with my policy.

Total # of professionals earning \$20,000/yr or more \_\_\_\_\_ Total # of professionals earning less than \$20,000/yr \_\_\_\_\_ Annual # of Transaction Sides \_\_\_\_\_  
 (on closed real estate sales)

Status of Insured:  Independent Contractor  Sole Proprietor  Partnership  Corporation

NEW BUSINESS ACCOUNTS: Desired Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Retroactive Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy of expiring Declarations page must be attached showing prior acts coverage date

RENEWAL ACCOUNTS: General Star Policy Number \_\_\_\_\_

To be eligible for the premium options shown below, the Responses to statements 1 through 6 must all be "True".

1. No owner, agent or member of the applicant company has had their license revoked, been investigated or been subject to any disciplinary action by any licensing board, real estate association or other regulatory body within the last 5 years.  True  False
2. No owner, agent or member of applicant company has been cancelled, refused insurance or declined by another Carrier during the last 5 years (except due to loss of market or non payment of premium).  True  False
3. No owner, agent or member of the company is involved in property management, development or construction.  True  False
4. No owner or agent of the company is an exclusive agent for a builder or developer.  True  False
5. The applicant's total gross revenues did not exceed \$ 300,000.00 for the last three (3) year period. (gross revenues are defined as all fees and commissions before expenses payable to employees and independent contractors).  True  False
6. The applicant and anyone to whom this insurance will apply is not aware of any professional liability claim or any acts, errors, omissions or Personal Injuries which might reasonably be expected to be the basis of a claim made against them within the past 5 years.  True  False

**PLEASE SELECT AND CIRCLE YOUR DESIRED PREMIUM OPTION**

If you have a policy in force, you will need prior acts coverage. Attach a copy of your current Declarations page showing the prior acts date.

**CALIFORNIA**

| Deductible Loss & Expense | \$100,000/\$300,000 | \$250,000/\$250,000 | \$500,000/\$500,000 | \$500,000/\$1,000,000 | \$1,000,000/\$1,000,000 |
|---------------------------|---------------------|---------------------|---------------------|-----------------------|-------------------------|
| \$1,000                   | \$827               | \$880               | \$975               | \$1,026               | \$1,100                 |
| \$2,500                   | \$752               | \$800               | \$886               | \$ 933                | \$1,000                 |
| \$5,000                   | \$714               | \$759               | \$842               | \$ 886                | \$ 950                  |

Claim Expenses are Outside the Limits of Liability

California Residents must include A Surplus Lines State Tax and Stamping Fee (3% State Tax and .125% Stamping Fee). Please add this to the premium selected.

Applicable to Producers Only

Yes, I want the Herbert H. Landy Insurance Agency to process the surplus lines taxes and fees. I have attached the \$50.00 surplus lines filing fee (check made payable to Herbert H. Landy Insurance Agency, Inc.) and the completed due diligence report.

No, I do not want the Herbert H. Landy Insurance Agency to process the surplus lines taxes and fees. I hold a surplus lines license and will file the taxes and fees myself.

---

#### DISCLAIMER

**For California Residents:** General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer in California and is not subject to the financial solvency regulation and enforcement, which applies to licensed companies. The Insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state. California Surplus lines license # OB11941, Herbert H. Landy Insurance Agency Inc., Needham, MA 02494.

---

#### FRAUD WARNING

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

---

#### REQUIRED SIGNATURE

**IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT. SHOULD A POLICY BE ISSUED IT WILL ATTACH TO THE POLICY.**

I understand that the final premium will be rounded to the next dollar. I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application.

---

Signature

Date

Mail your application and check payable to your agent:



**Steven D. Reich Insurance Agency, Inc.**

**280 No. West Lake Blvd.  
Suite 200  
Thousand Oaks, CA. 91362  
PH: 805.379.5159 FAX: 805.495.2492**

