



**ASCOT INSURANCE COMPANY**  
**REAL ESTATE SERVICES PROFESSIONAL LIABILITY**  
**QUICK QUOTE INSURANCE APPLICATION**



**\*\*To be eligible for the Quick Quote Application, the Applicant must be able to answer "No" to Questions 1- 6 below\*\***

Those Applicants who are NOT able to answer "No" to all of the below questions, must utilize the standard Real Estate Services Professional Liability Application for this program.

**APPLICANT INFORMATION**

Named Insured(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_ NAICS#: \_\_\_\_\_

Year Established: \_\_\_\_\_ Year current manager assumed management: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_ Desired Retroactive Date: \_\_\_\_\_

*If you already have a Professional Liability policy in place, you will need prior acts coverage. To evidence such coverage, please attach a copy of your current Declarations page showing the current Retroactive/Prior Acts Date and coverage selections. Additionally, if you need coverage for any predecessor firm, please provide a copy of the policy or endorsement evidencing current coverage for such firm.*

Business type:  Corporation/LLC     Independent Contractor     Sole Proprietor     Partnership/LLP

As used in this application, "you" and "your" refers to the Named Insured(s) and any other entity seeking coverage under this policy.

**Quick Quote Application Eligibility Questions:**

- |    |   |            |           |
|----|---|------------|-----------|
| 1. | Does the Applicant's combined total gross revenue exceed \$600,000 for the past 36 months?<br><i>Gross revenue is defined as all fees and commissions before expenses payable to employees and independent contractors.</i> | <b>Yes</b> | <b>No</b> |
| 2. | Does the firm provide any commercial real estate sales, appraisal, property management, real estate construction development, mortgage brokering or business brokering services?  | <b>Yes</b> | <b>No</b> |
| 3. | Does any client represent more than 25% of the Applicant's annual income?   | <b>Yes</b> | <b>No</b> |
| 4. | Has the applicant had an error or omission claim made against the applicant, or any of their past or present principals, directors, officers, or other professionals within the last 5 years?                               | <b>Yes</b> | <b>No</b> |

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5. 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. Has any owner, agent, or member of the applicant company 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? **Yes No**

**Step 1: Professional Liability Coverage Selection**

*Note that the below premium indications account for Claim Expenses which are in addition to the Limits of Liability*

**Select your desired Real Estate Professional Liability Coverage Options:**

**Professional Liability Limits of Liability (Per Claim/Aggregate)**

<b>Deductible (Loss and Expense)</b>	<b>\$100,000/ \$300,000</b>	<b>\$250,000/ \$250,000</b>	<b>\$500,000/ \$500,000</b>	<b>\$500,000/ \$1,000,000</b>	<b>\$1,000,000/ \$1,000,000</b>
<b>\$ 0 Premium:</b>	<input type="checkbox"/> \$630	<input type="checkbox"/> \$660	<input type="checkbox"/> \$730	<input type="checkbox"/> \$760	<input type="checkbox"/> \$800
<b>\$1,000 Premium:</b>	<input type="checkbox"/> \$508	<input type="checkbox"/> \$536	<input type="checkbox"/> \$597	<input type="checkbox"/> \$633	<input type="checkbox"/> \$663
<b>\$2,500 Premium:</b>	<input type="checkbox"/> \$450	<input type="checkbox"/> \$479	<input type="checkbox"/> \$540	<input type="checkbox"/> \$575	<input type="checkbox"/> \$606
<b>\$5,000 Premium:</b>	<input type="checkbox"/> \$369	<input type="checkbox"/> \$398	<input type="checkbox"/> \$458	<input type="checkbox"/> \$494	<input type="checkbox"/> \$525

**Indicate Premium for Option Selected: \$ \_\_\_\_\_**

**Step 2: Network Security and Data Breach Sublimit Endorsement Selection**

Network Security and Data Breach Sublimit Features (via Endorsement to your policy):

- ❖ Combined sublimit for Damages and Claim Expenses arising from Network Security and Privacy Claims
- ❖ Combined sublimit for Data Breach Costs incurred to respond to an actual or suspected data breach
- ❖ Claim Expenses, Damages, and Data Breach Costs are within and reduce the policy limits of liability

**\*\*To qualify for the Network Security and Data Breach Sublimit endorsement, you must be able to answer "No" to the following question\*\***

7. After diligent inquiry, is the Applicant, or any individual seeking coverage under this Policy, aware of any act, error, or omission which might reasonably give rise to a cyber liability claim, or of any intrusion, malware, data security, or other related IT event in the past 5 years that resulted in you incurring legal, forensic, notification, or other related expenses? **Yes No**

**Select "Yes" if you desire Network Security and Data Breach Sublimit coverage:** **Yes No**

The coverage limit for the Network Security and Data Breach Sublimit is \$25,000 and the premium for this coverage will not exceed \$500.



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YOU AND WE AGREE THAT ANY CLAIM, LOSS, OR COSTS ARISING FROM ANY FACT, CIRCUMSTANCE, CLAIM, EVENT, ACT, ERROR, OR OMISSION REQUIRED TO BE DISCLOSED IN QUESTIONS 5 AND 7 IN THIS APPLICATION IS EXCLUDED FROM COVERAGE.

**NOTICE: COMPLETION OF THIS APPLICATION DOES NOT BIND NOR GUARANTEE COVERAGE. THE APPLICANT ACCEPTS NOTICE THAT THIS POLICY, IF BOUND, WILL APPLY ON A CLAIMS-MADE BASIS. IN ORDER TO BIND COVERAGE, A PREMIUM INDICATION, INCLUDING ANY APPLICABLE TAXES, SURCHARGES, OR FEES WILL BE DELIVERED TO THE APPLICANT WHICH MUST BE PAID TO THE AGENT INDICATED.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Florida, Iowa and New Hampshire Agents Only**, please provide the following:

License # \_\_\_\_\_

Agent or producer name: \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE RETURN APPLICATION VIA EMAIL: REALESTATE@CITAINSURANCE.COM

Program Administrator Contact Information:

Brown & Brown Program Insurance Services, Inc. dba CITA Insurance Services  
P.O. Box 7048, Orange, CA 92863-7048

[www.citainsurance.com](http://www.citainsurance.com) | 800-280-7250 | Fax: 714-978-2692 | CA Insurance License # 0B02587

## FRAUD WARNINGS

**GENERAL:** 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.

**The fraud warnings listed below are applicable in the following states: AL, AK, AZ, AR, CA, CO, DE, DC, FL, HI, ID, IN, KY, LA, ME, MD, MA, MN, NE, NH, NJ, NM, NY, OH, OK, OR, PA, TN, TX, VT, VA, WA or WV. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your claim.**

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**ALASKA:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MARYLAND:** Any person who knowingly and wilfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and wilfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MASSACHUSETTS:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**MINNESOTA:** A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**NEBRASKA:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK:** 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 five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** 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.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**PENNSYLVANIA:** 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 act, which is a crime and subjects such person to criminal and civil penalties.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.