



**MISCELLANEOUS
PROFESSIONAL LIABILITY
SUPPLEMENTAL APPLICATION
REAL ESTATE ERRORS &
OMISSIONS
(Claims Made and Reported Basis)**

Van Wagoner Companies
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Name of Applicant: _____

1. Staff (Indicate Numbers)	<u>Full Time</u>	<u>Part Time</u>	<u>Independent Contractors</u>	<u>Total</u>
Licensed Real Estate Agents/Brokers	_____	_____	_____	_____
Property Management Staff	_____	_____	_____	_____
Real Estate Appraisers	_____	_____	_____	_____
Mortgage Brokers	_____	_____	_____	_____
Real Estate Counselors/Consultants	_____	_____	_____	_____
Licensed Insurance Agents/Brokers	_____	_____	_____	_____
Realtor Assistants	_____	_____	_____	_____
Title Agents/Abstractors	_____	_____	_____	_____
Other Employees (including Clerical)	_____	_____	_____	_____

2. Gross commissions and fees earned from the following types of activities and the number of transactions making up these fees:

PAST FISCAL YEAR Ending: ___ / ___ / ___	<u>Gross Commissions</u>	<u>Number of Transactions</u>	<u>Next 12 Months (Estimated)</u>
A. Residential Estate Sales	\$ _____	(_____)	\$ _____
B. Commercial/Industrial Sales	\$ _____	(_____)	\$ _____
C. Farm and/or Ranch Sales	\$ _____	(_____)	\$ _____
D. Undeveloped Land Sales	\$ _____	(_____)	\$ _____
E. Real Estate Leasing Fees	\$ _____	(_____)	\$ _____
F. Real Estate Counseling/Consulting	\$ _____	(_____)	\$ _____
G. Insurance Commissions and/or Fees	\$ _____	(_____)	\$ _____
H. Mortgage Brokers	\$ _____	(_____)	\$ _____
I. Real Estate Appraisal	\$ _____	(_____)	\$ _____
J. Property Management Fees** **(separate supplement required)	\$ _____	(_____)	\$ _____
K. Title Work	\$ _____	(_____)	\$ _____
L. Other (Please Describe.) _____	\$ _____	(_____)	\$ _____
Total:	\$ _____	(_____)	\$ _____

Residential Real Estate means any property consisting of a single-family dwelling or multiple-family dwelling of up to 4 units. If any client represents more than 20% of the firm's annual incomes, please provide details on a separate sheet.

3. If Real Estate Appraisals are performed, please provide the breakdown of appraisals and fees for the past fiscal year:

PAST FISCAL YEAR Ending: ___ / ___ / ___	<u>Appraisal Fees</u>	<u>Number of Appraisals</u>	<u>Next 12 Months (Estimated)</u>
A. Single Family Dwellings:	\$ _____	_____	_____
B. Personal Property:	\$ _____	_____	_____
C. Commercial Property:	\$ _____	_____	_____
D. Industrial Property:	\$ _____	_____	_____
E. Apartments:	\$ _____	_____	_____
F. Farms and/or Ranches:	\$ _____	_____	_____
G. Undeveloped Land:	\$ _____	_____	_____
H. Other (Please Describe):	\$ _____	_____	_____

I. Are your fees always independent of the appraisal value? YES NO

4. Is or has the Applicant or any subsidiary, parent or other related organization engaged in:
- A. Property development or construction? YES NO
 - B. Mortgage banking; mortgage brokering and/or insurance? YES NO
 - C. The formation, management and/or organization of group investments syndications or speculative real estate (including limited partnerships, general partnerships, real estate investment trust or corporations)? YES NO
 - D. Any business enterprise or professional practice other than real estate sales, property management, appraisal or counseling? YES NO
 - E. Does the applicant and/or any principal, officer, director or staff member have an ownership interest in any properties other than their own principal residences? YES NO
 - F. Is the Applicant controlled by or owned by or associates with, or does the Applicant control or own any other firm or business? YES NO

If the answer is "YES" to any of the foregoing, please provide full details on a separate sheet.

- 5. A. What was the estimated average property value of the properties handled in the past 12 months? _____
- B. Provide the percentage of properties handled in the past 12 months valued over \$250,000 _____
- C. Provide the percentage of properties handled in the past 12 months valued over \$500,000 _____
- 6. A. Do you offer any home warranty/protection plans?..... YES NO
If YES, set forth the name of the plan or plans offered and the percentage of transactions involving such plans in the past 12 months: _____
- B. Do you advise or arrange financing for your customers? YES NO
If YES, describe such activities: _____
- 7. A. Provide the number of staff that participated in a formal continuing real estate related education program designed to reduce broker liability during the past 12 months? _____
- B. Is an In house Policy Procedures Manual in place? YES NO
- C. List all states where the Applicant operates: _____
- D. List any Board of Realtors and Trace Associations the Applicant belongs to: _____
- E. Are you a participant in the multiple listing services?..... YES NO
- F. Are you a member of any National franchise, referral or relocation organization? YES NO
If YES, please indicate name(s): _____
- G. Do you use standard contract forms approved by your local Board or State Association of Realtors? YES NO
If NO, attach specimen copies of standard forms and indicate who developed these forms.
- 8. Has the Applicant or any past or present staff member for the Applicant had his license revoked, suspended or been Formally reprimanded or been subject to any disciplinary actions? YES NO
If YES, describe such activities: _____

Please attached the following documents if applicable:

1. Professional Resume of Appraisers on staff
2. Standard Appraisal Form including hold harmless agreements used
3. Brochures and/or other promotional material describing your operations and services

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and it is utilized to develop pertinent information unique to the services rendered.

In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Date Authorized Representative Title