

NAVIGATORS INSURANCE COMPANY
Real Estate Professional Errors and Omissions Insurance
FLORIDA EXPRESS APPLICATION
with PROPERTY MANAGEMENT



To be eligible for this application you must be able to answer "true" to statements 1-10 below.
Please contact our office if you are not eligible for this program or need coverage for services not offered under the Express program.

Applicant Firm Name _____

Contact _____

Principal Street Address _____

City _____ County _____ ST _____ ZIP _____

Mailing Address _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____ *In lieu of emailing, please mail me 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/LLP Corporation/LLC

NEW BUSINESS ACCOUNTS: Desired Effective Date ____ / ____ / ____ Retroactive Date ____ / ____ / ____

RENEWAL ACCOUNTS: Expiring Policy Number _____

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.

<i>To be eligible for the premium options shown below, the Responses to statements 1 through 10 must all be "True".</i>	
1. The applicant is a member of the Florida Realtors®?	<input type="checkbox"/> True <input type="checkbox"/> False
2. 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.	<input type="checkbox"/> True <input type="checkbox"/> False
3. No owner, agent or member of the Applicant company has been cancelled, refused insurance or declined by an insurance carrier during the last 5 years (except due to loss of market or non payment of premium).	<input type="checkbox"/> True <input type="checkbox"/> False
4. No owner, agent or member of the company is involved in mortgage brokering, business brokering, appraisal services, development or construction.	<input type="checkbox"/> True <input type="checkbox"/> False
5. No owner or agent of the company has an exclusive listing agreement with any builder/developer.	<input type="checkbox"/> True <input type="checkbox"/> False
6. The Applicant's COMBINED total gross revenues did not exceed \$500,000 for the last three (3) year period (gross revenues are defined as all fees and commissions before expenses payable to employees and independent contractors).	<input type="checkbox"/> True <input type="checkbox"/> False
7. The Applicant and anyone to whom this insurance will apply is not aware of any professional liability claim or any acts, errors, omission or Personal Injuries which might reasonably be expected to be the basis of a claim made against them within the past 5 years.	<input type="checkbox"/> True <input type="checkbox"/> False
8. No owner, agent or member of the Applicant has provided services related to properties that included involvement in any eviction procedures, delivering or negotiating cash for keys offers or property rehabilitation.	<input type="checkbox"/> True <input type="checkbox"/> False
9. If licensed contractors are hired to provide services to managed properties, are certificates of insurance required from each contractor? (If contractors are not hired, mark TRUE)	<input type="checkbox"/> True <input type="checkbox"/> False
10. Liability insurance is required to be in place for all properties managed.	<input type="checkbox"/> True <input type="checkbox"/> False

Responses to the following questions will determine which premium table to use below. If you answer False to ANY of the following, use Table 2.	Table 1	Table 2
1. No owner, agent or member of the Applicant company is involved in commercial or industrial property management (including, but not limited to: warehouses, shopping centers, garages, etc.)	<input type="checkbox"/> True	<input type="checkbox"/> False
2. No owner, agent or member of the Applicant company has authority for improvements equal to or greater than \$1,000?	<input type="checkbox"/> True	<input type="checkbox"/> False
3. Any owner, agent or member of the Applicant offering property management services has at least 3 years' experience.	<input type="checkbox"/> True	<input type="checkbox"/> False
4. No member of the applicant maintains 50% or greater controlling, legal or beneficial interest in any real properties managed. (NOTE, coverage is not afforded for properties managed where ownership or interest is 50% or greater)	<input type="checkbox"/> True	<input type="checkbox"/> False

**SELECT AND CIRCLE YOUR DESIRED PREMIUM OPTION
AND REMIT WITH YOUR APPLICATION**

TABLE 1

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
Claim Expenses are INSIDE the Limits of Liability					
\$2,500.00	\$465	\$501	\$603	\$682	\$740
\$5,000.00	\$382	\$418	\$519	\$597	\$653
Claim Expenses are OUTSIDE the Limits of Liability					
\$2,500.00	\$517	\$557	\$663	\$749	\$795
\$5,000.00	\$424	\$464	\$570	\$656	\$703

TABLE 2

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
Claim Expenses are INSIDE the Limits of Liability					
\$2,500.00	\$558	\$601	\$724	\$818	\$888
\$5,000.00	\$458	\$501	\$623	\$717	\$784
Claim Expenses are OUTSIDE the Limits of Liability					
\$2,500.00	\$620	\$668	\$795	\$899	\$955
\$5,000.00	\$509	\$557	\$584	\$788	\$843

____ **One (1) year policy term option** - - premium option selected above plus any applicable State taxes or surcharges.

____ **Two (2) year policy term option*** - - whereby your policy limits are reinstated one year from the effective date. No renewal application will be required until the two year term has expired.

*Premium for the 2 year policy term option is the rate selected above multiplied by 2 = _____ plus any applicable State taxes or surcharges.

Florida Residents:

Companies writing property and casualty insurance business in the State of Florida are required to collect a Florida Hurricane Catastrophe surcharge. Multiply the premium you selected above by the appropriate factor and round to the nearest dollar. This is the total premium and surcharge due.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties.

FLORIDA FRAUD WARNING: 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.

DISCLAIMER

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

The undersigned is authorized by, and acting on behalf of, the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the Applicant's professional liability coverage.

Please print your name: _____

Signature: _____

Date: _____

For Florida Agents: Agent or Producer Name: _____ License #: _____

Please scan and email your application to realcare@nfp.com