

# Real Estate E&O Insurance - Qualification Questionnaire

Fax or Mail Completed Form to our Regional Insurance Office - *where qualified* an Application will be forwarded to you:  
Fax: 801-461-0926 Mail to: E&O Dept. PO Box 17375, Salt Lake City UT 84117-0375

**Applicant is:**                     Individual     Sole Proprietor     Corporation     Partnership

Company/Individual Name: \_\_\_\_\_  
include dba and affiliated firms

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Contact Person(s): \_\_\_\_\_  
Do you currently have an E&O Insurance Policy .....  Yes  No

**If Yes** - What Insurance Company? \_\_\_\_\_ What is the Policy Expiration date? \_\_\_\_\_

What is the Prior Acts Date? \_\_\_\_\_ How many Consecutive Years have you purchased this coverage? \_\_\_\_\_

Requested Limits of Liability:     \$250,000     \$500,000     1,000,000     \$ \_\_\_\_\_

Requested Deductible:             \$1000             \$2500             \$ 5000             \$ \_\_\_\_\_

Has the firm / individual or any proposed insured experienced any claims in the last SIX YEARS?                     Yes  No

Has the Broker / Applicant been Licensed for TWO YEARS? .....  Yes  No

How many Brokers / Agents are currently licensed with your firm ..... Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

How many hold Professional Designations: \_\_\_\_\_ How many Participate in Annual Continuing Education: \_\_\_\_\_

What percentage of sales include the use of **Standard Board / State Approved Contracts**? ..... \_\_\_\_\_%

What percentage of sales include the use of **Seller Disclosure Forms**? ..... \_\_\_\_\_%

What percentage of residential sales include a **Home Warranty Plan**? ..... \_\_\_\_\_%

What percentage of residential sales include a **Home Inspection**? ..... \_\_\_\_\_%

Does any single client represent **25% or More** of the firms annual business .....  Yes  No

Does the Firm list and sell any properties **Constructed / Developed** by an agent of the firm, or a related entity where individual or combined ownership of property is greater than 10%? .....  Yes  No

**Provide the firms gross commission income generated from the following Real Estate Activity for the last fiscal year or 12 month period; (new firms - please project the next twelve months)**

Residential Sales - One to Four Dwelling Units	\$ _____
Residential Building Lots	\$ _____
Non-producing Farm and/or Ranch sales	\$ _____
Commercial Sales / Leasing	\$ _____
Ranch, Acreage, Land Sales	\$ _____
Non-Owned Property Management/Leasing	\$ _____
All Other Revenue - Explain _____	\$ _____

Submitted By \_\_\_\_\_ Date \_\_\_\_\_