

BLACK INK INSURANCE SERVICES, INC.

316 Riverside Avenue Roseville, CA 95678
Phone: 888-777-7108 Fax: 916-774-0559

Real Estate Errors and Omissions Application – Renewal Application

FULL CO. NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

DO YOU HAVE MULTIPLE OFFICE LOCATIONS: YES ___ NO ___ (PLEASE LIST ON SEPARATE SHEET)
IS THE APPLICANT A: Corporation Partnership Sole Proprietorship Independent Contractor

1.) Has there been any ownership changes, change in address, additional company names added, or branch offices added during the past year? Yes No. **If "YES" – PLEASE COMPLETE ATTACHED CHANGE FORM.**

BROKERS NAME: _____ **YEAR LICENSED AS A BROKER:** _____

YEAR LICENSED AS AN AGENT _____

DATE FIRM WAS ESTABLISHED: _____ **PRINCIPAL OWNER(S):** _____

2.) Number of staff: Brokers _____ Agents _____ Property Management _____ Clerical _____

(PLEASE ATTACH A ROSTER OF AGENTS ALONG WITH APPLICATION)

3.) **Gross Income:**

Description	Gross Income Last 12 Months	Number of Transactions Closed Or Units Managed	% Sold with Warranty	Projected Income Next 12 Months
Residential (including family owned farms)	\$ _____	_____	_____	_____
Commercial (including residential over 5 units)	\$ _____	_____	_____	_____
Vacant Land Zoned for Residential Usage	\$ _____	_____	_____	_____
Vacant Land Zoned For Commercial Usage	\$ _____	_____	_____	_____
Business Brokerage	\$ _____	_____	_____	_____
Property Management Fees (Residential)	\$ _____	_____	_____	_____
Property Management Fees (Commercial)	\$ _____	_____	_____	_____
Farm Management Fees	\$ _____	_____	_____	_____
Real Estate Leasing Fees (Property Not Managed)	\$ _____	_____	_____	_____
Real Estate Appraisal Fees (Residential)	\$ _____	_____	_____	_____
Real Estate Appraisal Fees (Commercial)	\$ _____	_____	_____	_____
Real Estate Consulting	\$ _____	_____	_____	_____
Real Estate Mortgage Brokerage	\$ _____	_____	_____	_____
Referral Fees	\$ _____	_____	_____	_____
Other (Describe)	\$ _____	_____	_____	_____
TOTAL:	\$ _____	_____	_____	_____

4.) E&O policy in effect? **YES - BLACK INK INSURANCE**

6.) Have any claims been made during the last five years or are you aware of any circumstance which may result in a claim being made against the applicant or broker? Yes No

IF YES, WAS THIS REPORTED TO BLACK INK ? Yes No

IF YES, WHEN WAS IT REPORTED ? _____

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability policy. I understand that all statements in this application are considered material facts and an incorrect statement can void my policy.

Signature of Partner, Owner, Director of Named Insured

Date

RENEWAL FOR BLACK INK CUSTOMERS

BLACK INK INSURANCE SERVICES, INC.

CHANGE IN OFFICE STATUS

To assure our computer data is correct, please **Fax** any corrections or changes to **1-916-774-1522**
Attention TOM.

Present Company Name _____

The following changes have transpired:

1. New telephone # _____ New fax # _____
3. New contact person _____
4. Address Changed to _____
_____ Date of add. Change _____
5. New Company Name _____
6. Date of Name Change _____
7. Is this a result of an ownership change? Yes _____ No _____
8. If yes, date of ownership change _____
9. Has there been a merge or acquisition? Yes _____ No _____
10. If yes, date of merge _____

Branch Information

11. Have you opened a new Branch office? Yes _____ No _____
If yes, please give date opened _____
Address of new Branch office _____

12. Will the name of the Branch office be the same as the Present Company Name? Yes _____ No _____
13. If no, what is the New name? _____
14. How many agents will be in this office? _____
15. Telephone # of new Branch office _____
16. Fax # of new Branch office _____
17. Contact person for new Branch office _____