

## **REAL ESTATE AGENT / BROKER RENEWAL APPLICATION**

2 Waterside Crossing, Suite 102, Windsor, CT 06095 *phone* 860.903.0000 *fax* 860.903.0001 www.businessriskpartners.com

(Insured):				
Street:				
City:		State:	Zip:	
Telephone:		F	ax:	
E-mail Address:				
Web Address:				
List all states in which	h the <b>Insured</b> operates:			
How many office loca	ations does the Applicant ope	erate?		
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next 12 months:		\$		
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expectation the company (ies) will become insolvent:  Please attach financials for the affiliated builder/developer.  a. What is the average value of the properties sold by the Insured?  Please set forth the Insured's five (5) largest transactions in the past 12 months, including the last set of the Insured's commission derived from the sale of real estate at any one development? If Yes, please provide details on a separate sheet of paper.  During the last three years, has the Insured engaged in any transactions as a real estate age in which the Insured, or any director, officer, partner, principal or employee of the Insured, hidirect or indirect beneficial ownership interest as buyer or seller of real property?  If Yes, please explain:  Please set forth a) the Insured's policy regarding the use of home inspections on residential the and b) provide an estimate of the percentage of transactions in which a home inspector is utiled and b) provide an estimate of the percentage of transactions in which a home inspector is utiled.  Does any proposed Insured have knowledge of any act, error or omission which might reaso to a claim against any Insured?  If Yes, please explain:  NOTICE TO INSURED: PLEASE READ CAREFULLY  Warranty: The Insured warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deeme herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible any material change in the circumstances of the Insured's business, including but not limited to size of of business engaged in by the firm and information contained on each Supplemental application sul Insured.  Any person who knowingly and with intent to defraud any insurance company or any other person files for insurance containing any materially false information or conceals for the purpose of mislead	d. F	Please provide business length of the affiliated builder/developer:Please provide the number of projects the affiliated builder/developer is involved with, and at what standard completion is each project:
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