



5. Does the Applicant, its directors, officers, employees or any other person or entity proposed for insurance have knowledge of any act, error or omission based upon or arising out of any of the additional coverage(s) offered under this application which might give rise to a claim(s) under the proposed policy?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If "Yes," attach a detailed description of claim or suit, or such act, error or omission which might give rise to a claim(s) under the proposed policy.*

6. In the past 5 years, has any director, officer, trustee, employee or agent of the Applicant or any other proposed insured been the subject of any disciplinary investigation as a result of professional activity which relates to or arises out of any of the additional coverage(s) offered under this application?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If "Yes," attach copies of all significant documents relating to such investigation(s) and describe the underlying conduct.*

**Applicant and Company agree that with respect to Questions 4, 5 and 6 above, that if such knowledge, litigation, claim, action, proceeding or investigation exists, then any litigation, claim, action, proceeding, investigation or occurrence arising out of, in connection with, relating to or which is a part of (i) such known acts, errors and omissions, or (ii) such existing litigation, claim, action, proceeding or investigation, is excluded from any coverage which may be afforded on the basis of this application.**

## **II. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE**

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY OR ENDORSEMENT, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

## **III. LEGAL NOTICE AND SIGNATURES**

**BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.**

**THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND THE INFORMATION PROVIDED BY ATTACHMENT HERETO ARE TRUE AND COMPLETE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.**

## FRAUD WARNING STATEMENTS

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files and 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.

**NOTICE TO TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO ALL OTHER APPLICANTS:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

NOTICE TO ALL APPLICANTS:

**IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.**

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.**

The undersigned authorized officer of the Applicant understands that the Excess Limits (Insuring Clause IB2, Antitrust Defense) offered via this request is at the discretion of ACE American Insurance Company, and that a decision as to whether or not to grant coverage will be made only after a complete underwriting review has been made by the Company. If the Company then agrees to provide coverage, such coverage WILL IN NO WAY INCREASE THE \$10 MILLION AGGREGATE LIMIT OF LIABILITY AVAILABLE UNDER THE NATIONAL ASSOCIATION OF REALTORS® MASTER POLICY.

The undersigned authorized officer of the Applicant understands that the Increased Limits hereby requested relates to the period 12:01 AM, January 1, 2017 through 12:01 AM, January 1, 2018.

The undersigned authorized officer of the Applicant understands and warrants that as of the date of this request agrees that any optional insurance granted as a result of this request will not apply to possible or pending claims known to us as of the date of this request.

The undersigned authorized officer of the Applicant understands and agrees that no coverage shall be afforded to any claim, based upon, arising from, or relating to any breach of professional duty as a real estate agent.

The undersigned authorized officer of the Applicant understands and agrees that issuance of insurance coverage and increased limits pursuant to this request, is subject to the approval of the Company, and that if this request, with the total premium as required, is not postmarked by **April 1, 2017**, coverage will not commence and payment will be returned.

The undersigned authorized officer of the Applicant understands that the premium is fully earned and that, in the event of cancellation by the Association/ Regional MLS, no premium will be returned.

Authorized by and on behalf of all persons seeking insurance, I have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement. As respects questions 4, 5 and 6, it is agreed that if such knowledge of any claim, fact or circumstance exists, any claim or action subsequently arising there from shall be excluded from excess coverage should this proposed application lead to excess coverage. Furthermore, it is agreed that if any significant adverse change in the condition of the Applicant is discovered between the date of this application and the effective date of the policy, which would render this application untrue, inaccurate or incomplete, notice must be reported in writing to the insurance company **immediately**.

**TO THE APPLICANT:** Please sign the application. Completed, signed online applications may be submitted electronically by visiting: <https://NAR.aon.com> and following the prompted instructions. Premium payments may be made online via credit card by visiting: <http://www.realtor.org/programs/professional-liability-insurance-program> .

Applicants preferring to submit hardcopy applications and checks in lieu of the online option may still do so. Please submit applications and payments to the following address: Aon Risk Services, Inc. of Maryland, Attn: NAR Association Liability, 10461 Mill Run Circle, Owings Mills, MD 21117.

If you have any questions about completing this application or the electronic payment process, please contact Gayle Andrews at 312.381.7049 or via email at [Gayle.Andrews@aon.com](mailto:Gayle.Andrews@aon.com).

All applicants:

## DECLARATION AND CERTIFICATION

**FOR ALL APPLICANTS IN ALASKA, ALABAMA, ARIZONA, DELAWARE, FLORIDA, GEORGIA, HAWAII, IDAHO, KANSAS, KENTUCKY, MAINE, MONTANA, NORTH CAROLINA, NEW HAMPSHIRE, NEVADA, OKLAHOMA, OREGON, PENNSYLVANIA, SOUTH DAKOTA, VIRGINIA, WEST VIRGINIA, AND WYOMING:**

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY

ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

**FOR ALL APPLICANTS IN ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT, DISTRICT OF COLUMBIA, ILLINOIS, INDIANA, IOWA, LOUISIANA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, NEBRASKA, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, OHIO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VERMONT, WASHINGTON, AND WISCONSIN:**

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

## SIGNATURE

Signed: \_\_\_\_\_

Title: \_\_\_\_\_  
(must be signed by an Officer of the Applicant)

Date: \_\_\_\_\_

Please provide contact information where questions may be directed regarding this application:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**(PLEASE PROVIDE EMAIL ADDRESS WHERE YOU WOULD LIKE TO RECEIVE YOUR CERTIFICATE OF INSURANCE)**

**FOR ARKANSAS, MISSOURI, AND WYOMING APPLICANTS ONLY:**

**PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:**

**I UNDERSTAND AND ACKNOWLEDGE THAT THE POLICY FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE MY LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.**

Applicant's Signature (**Arkansas, Missouri, & Wyoming Applicants, In Addition To Application Signature Above**):

\_\_\_\_\_  
(Must be signed by an Officer of the Applicant)

\_\_\_\_\_  
Print Name and Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (Mo/Day/Yr)

**FOR FLORIDA APPLICANTS ONLY:**

Agent Name: Aon Risk Services, Inc.

Agent License ID Number L039133

**FOR IOWA APPLICANTS ONLY:**

Broker: Aon Risk Services, Inc.

Address: 200 East Randolph, Chicago, IL

**PREMIUM RATE TABLE INSURING AGREEMENTS IB2  
(ANTITRUST DEFENSE)  
EXCESS PROFESSIONAL LIABILITY INSURANCE OPTION**

**NOTICE:** The Premiums shown below represent the policy period from 12:01 AM, January 1, 2017 to 12:01 AM, January 1, 2018.

Payment in full is due by April 1, 2017.

These increased limits are within the \$10,000,000 aggregate available under the master policy.

| Limit       | 0 – 250<br>Members/<br>Participant<br>Subscribers | 251 – 1,000<br>Members/<br>Participant-<br>Subscribers | 1,001 – 5,000<br>Members/<br>Participant-<br>Subscribers | Over 5,000<br>Members/<br>Participant-<br>Subscribers |
|-------------|---|--|--|---|
| \$250,000   | <input type="checkbox"/> \$500                    | <input type="checkbox"/> \$750                         | <input type="checkbox"/> \$1,500                         | <input type="checkbox"/> \$3,000                      |
| \$500,000   | <input type="checkbox"/> \$600                    | <input type="checkbox"/> \$1,000                       | <input type="checkbox"/> \$2,000                         | <input type="checkbox"/> \$4,000                      |
| \$1,000,000 | <input type="checkbox"/> \$800                    | <input type="checkbox"/> \$1,500                       | <input type="checkbox"/> \$3,000                         | <input type="checkbox"/> \$5,000                      |

I have enclosed the following total premium, payable to Aon Risk Services: \_\_\_\_ (due by April 1, 2017.)

**DIRECTIONS FOR COMPLETING INSURING AGREEMENT IB 2  
(ANTITRUST DEFENSE) EXCESS INSURANCE APPLICATION**

**SEND COMPLETED APPLICATION TO:**

**Aon Risk Services, Inc. of Maryland, Attn: NAR Association Liability, 10461 Mill Run Circle, Owings Mills, MD 21117.**

If you have questions about completing this application, please contact Gayle Andrews at 312.381.7049.

1. Decide what level of excess insurance the association/ Regional MLS wants to purchase. The current per claim amount under the master policy is \$1,000,000.

Available amounts are an additional \$250,000 \$500,000, or \$1,000,000 per claim. Consult Premium Rate Table.

2. In order to obtain your membership numbers for computing your premium total, please visit the "Directories" page on [www.realtor.org](http://www.realtor.org) and look up your association's totals or simply type in the following URL: <http://www.realtor.org/leadrshp.nsf>. On the appropriate table, consult the chart that corresponds to an association's membership size. Find the excess limit the association wants to purchase and circle it. Use the appropriate chart to locate the premium for this amount of insurance.