

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.

NOTICE TO COMMERCIAL INSURANCE APPLICANTS

This Notice to Commercial Insurance Applicants – State Fraud Warnings provides you with information concerning various state fraud warnings and statements. Where fraud warnings are required as part of the insurance application, this notice forms a part of your application for Commercial Insurance. Please have this form signed by an authorized representative and returned with your application.

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 FINES AND CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS 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 AUTHORITIES.

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 COMMITTED OF A FELONY OF THE THIRD DEGREE.

NOTICE TO HAWAII APPLICANTS: INTENTIONALLY OR KNOWINGLY MISREPRESENTING OR CONCEALING A MATERIAL FACT, OPINION OR INTENTION TO OBTAIN COVERAGE, BENEFITS, RECOVERY OR COMPENSATION WHEN PRESENTING AN APPLICATION FOR THE ISSUANCE OR RENEWAL OF AN INSURANCE POLICY OR WHEN PRESENTING A CLAIM FOR THE PAYMENT OF A LOSS IS A CRIMINAL OFFENSE PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO COMMITS A FRAUDULENT INSURANCE ACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES AND CONFINEMENT IN PRISON. A FRAUDULENT INSURANCE ACT MEANS AN ACT COMMITTED BY 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 OR INSURANCE AGENT OR BROKER, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR INSURANCE, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT UNDER AN INSURANCE POLICY, WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE

INFORMATION CONCERNING ANY MATERIAL FACT THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO

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 LOUISIANA 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, OR A DENIAL OF INSURANCE BENEFITS.

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 OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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 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 VIOLATION.

ADDITIONAL NOTICE TO NEW YORK COMMERCIAL AUTO 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, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 WITH THE INTENT TO KNOWINGLY DEFRAUD MAKES

ANY MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS CONCERNING A MATERIAL FACT TO AN INSURANCE COMPANY OR OTHER PERSON IN CONNECTION WITH AN APPLICATION FOR INSURANCE MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO PROSECUTION.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

ADDITIONAL NOTICE TO PENNSYLVANIA COMMERCIAL AUTO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.

NOTICE TO RHODE ISLAND 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 TENNESSEE 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 VIRGINIA 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 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 MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO 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 APPLICANTS IN STATES NOT LISTED ABOVE: 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 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned authorized officer of the Applicant understands that the excess limits contained in Insuring Clause IA and IC offered via this request is at the discretion of Chubb, 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, 2018 through 12:01 AM, January 1, 2019.

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 that this Optional Insurance request shall not apply to any claim based upon, arising from or relating to Insuring Clause IB (Lockbox, Antitrust, Dispute Resolution System, Breach of Contract) as stated in the National Association of REALTORS® Master Policy, policy # MPB G23658240 011.

The undersigned authorized officer of the Applicant understands and 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 2, 2018**, 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.nar.realtor/programs/nar-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@eon.com.

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 E. Randolph ;Chicago, IL 60601

**PREMIUM RATE TABLE INSURING
AGREEMENTS IA and IC
EXCESS PROFESSIONAL LIABILITY INSURANCE OPTION**

NOTICE: The Premiums shown below represent the policy period from 12:01 AM, January 1, 2018 to 12:01 AM, January 1, 2019.

Payment in full is due by April 2, 2018.

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

Limit	0 – 250 Members/ Participant- Subscribers	*Surplus Lines Taxes and Fees to be calculated by Aon	Total Due
\$500,000	\$533	\$19.71	<input type="checkbox"/> \$552.71
\$1,000,000	\$692	\$25.60	<input type="checkbox"/> \$717.60
\$2,000,000	\$1,065	\$39.40	<input type="checkbox"/> \$1,104.40
\$3,000,000	\$1,598	\$59.12	<input type="checkbox"/> \$1,657.12
\$4,000,000	\$2,130	\$78.81	<input type="checkbox"/> \$2,208.81

Limit	251 – 500 Members/ Participant- Subscribers	*Surplus Lines Taxes and Fees to be calculated by Aon	Total Due
\$500,000	\$639	\$23.63	<input type="checkbox"/> \$662.63
\$1,000,000	\$746	\$27.60	<input type="checkbox"/> \$773.60
\$2,000,000	\$1,385	\$51.24	<input type="checkbox"/> \$1,436.24
\$3,000,000	\$1,917	\$70.92	<input type="checkbox"/> \$1,987.92
\$4,000,000	\$2,343	\$86.68	<input type="checkbox"/> \$2,429.68

Limit	501 - 2,500 Members/ Participant- Subscribers	*Surplus Lines Taxes and Fees to be calculated by Aon	Total Due
\$500,000	\$746	\$27.60	<input type="checkbox"/> \$773.60
\$1,000,000	\$905	\$33.48	<input type="checkbox"/> \$938.48
\$2,000,000	\$1,704	\$63.04	<input type="checkbox"/> \$1,767.04
\$3,000,000	\$2,343	\$86.68	<input type="checkbox"/> \$2,429.68
\$4,000,000	\$2,876	\$106.41	<input type="checkbox"/> \$2,982.41

Limit	Over 2,500 Members/ Participant- Subscribers	*Surplus Lines Taxes and Fees to be calculated by Aon	Total Due
\$500,000	\$799	\$29.55	<input type="checkbox"/> \$828.55
\$1,000,000	\$1,012	\$37.43	<input type="checkbox"/> \$1,049.43
\$2,000,000	\$1,917	\$70.92	<input type="checkbox"/> \$1,987.92
\$3,000,000	\$2,663	\$98.52	<input type="checkbox"/> \$2,761.52
\$4,000,000	\$3,195	\$118.21	<input type="checkbox"/> \$3,313.21

***All Surplus Lines Taxes and Fees will be calculated and collected by Aon. Aon will only send to the insurer premium less the taxes and fees thereafter.** I have enclosed the following total premium, taxes and fees, payable to Aon Risk Services: _____ (due by April 2, 2018.)

**DIRECTIONS FOR COMPLETING INSURING AGREEMENT IA
and IC 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, of which coverage for Employment Practices Liability is sub-limited to \$500,000 per claim.

Available amounts are an additional \$500,000, \$1,000,000, \$2,000,000, \$3,000,000, or \$4,000,000 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.nar.realtor and look up your association's totals or simply type in the following URL: <http://www.nar.realtor/leadshp.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.

*Any applicable taxes, surcharges or countersignature fees, etc., are in addition to the above quoted figures. Your office is responsible for making State Surplus Lines Filings and complying with all applicable laws.

Note: If the Insuring Company noted above is either Westchester Surplus Lines Insurance Company or Illinois Union Insurance Company, then this insurance is issued pursuant to the state Surplus Lines laws that the insured is domiciled. Persons insured by Surplus Lines carriers do not have the protection of the above captioned state's Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer. For purposes of surplus lines compliance, we require the producer to confirm, upon the binding of this placement, the insured's "home state" as defined in the Non admitted and Reinsurance Reform Act of 2010 (NRRA). If the state set forth in "Insured Address" in this quote is the insured's "home state," then no action is required. However, if the insured's "home state" is other than that set forth in "Insured Address," then you must notify us in writing prior to placement of the correct "home state" of the insured.

Any applicable taxes, surcharges or countersignature fees, etc., are in addition to the above quoted figures. Your office is responsible for making State Surplus Lines Filings and complying with all applicable laws.

Insured: National Association of Realtors®

Attached To Policy No.: EON G23658240 011

Effective Date: January 1, 2018

ILLINOIS DOMESTIC SURPLUS LINES INSURER NOTICE**Notice to Policyholder**

This contract is issued by a domestic surplus lines insurer, as defined in Section 445a of the Illinois Insurance Code, pursuant to Section 445, and as such is not covered by the Illinois Insurance Guaranty Fund.

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS OR LIMITATIONS OF THE POLICY TO WHICH THIS NOTICE IS ATTACHED OTHER THAN AS STATED ABOVE.