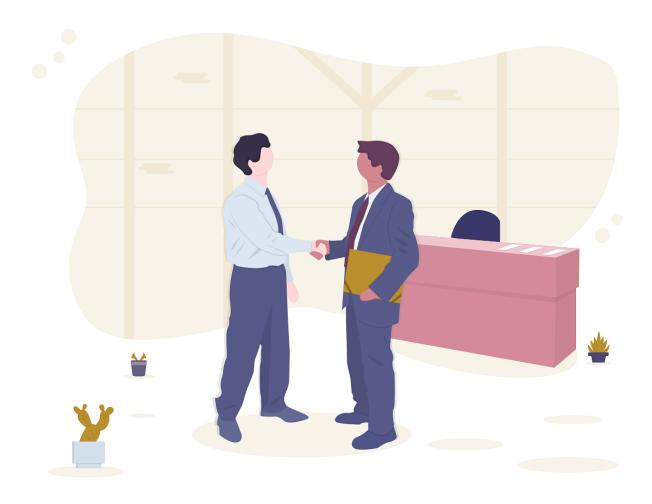


Cyber Risk Assurance for Real Estate Service Providers



Application Form

SR AP 1000 (06-2019)

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD AND REPORTED TO US PURSUANT TO THE TERMS OF THE POLICY ARISING FROM ANY CIRCUMSTANCES WHICH TOOK PLACE ON OR AFTER ANY RETROACTIVE DATE SPECIFIED IN THE SCHEDULE AND BEFORE THE EXPIRY DATE OF THE POLICY PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY.

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1. Company Information

Applicant Entity Name		
Street Address		
City		
State		
Subsidiaries		
Contact Email		
Area of Practice (please check all that apply)	Title Agents/Escrow Title Abstractors Residential Rental and Leasing Community Associations Mortgage	
Gross annual revenue	All other commercial and residential real estate services	
(last complete year)	\$ USD	
Professional Liability Policy Retroactive Date		
2. Warranty Questions		
	network or information "security incidents" during the past three years?	Yes
systems, including embezzlemen sabotage; computer virus, unsch	y unauthorized access; unauthorized use; breach; compromise of your computer at, fraud, theft of proprietary information, denial of service, electronic vandalism or neduled network outage lasting more over 24 hours, or other similar event.	No
	e Applicant or any of its former or current directors, officers, employees, tractors or other proposed Insured given written notice under any prior or	Yes
	or professional liability policy of specific facts or circumstances which may give	No
iii. Is the Applicant or any of its fo	rmer or current directors, officers, employees, subsidiaries, independent	Yes
transaction which may give rise	Insured aware of any fact, circumstance, situation, event, complaint or e to a Claim under the proposed liability coverage for which the Applicant is	No
applying?	OWING DECLARATION CAREFULLY AND SIGN:	
To the best of my/our knowledge and bel nquiry, is true and I/We have not withhelentitle Underwriters to void the insurance /We understand that signing this Applica and statements made therein shall form the Underwriters are authorized to make any the undersigned authorized officer of the shall be reduced, and may be completely	lief, I/We declare that the information provided in connection with this Application after reas Id any material facts. I/We understand that non-disclosure or misrepresentation of material f	s Application ued.
Name:	Title:	
Signed:	Date:	

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