

**REAL ESTATE PROFESSIONALS  
ERRORS AND OMISSIONS INSURANCE  
SUPPLEMENTAL APPLICATION  
Exclusive Sales Agreement with Builder or Developer**

Complete Name of Applicant or Insured: \_\_\_\_\_

**EXCLUSIVE LISTING OR MARKETING AGREEMENT WITH BUILDERS OR DEVELOPERS**

**1. Please provide the following information for each builder or developer you represent under a Exclusive Sales, Marketing or Listing Agreement:**

Complete name of builder/developer and the name of the development project or subdivision?	Does any agent of the applicant have an ownership interest in this entity or project? Yes / No	Number of transactions anticipated under the agreement?		Gross Revenue from these transactions?		Indicate whether this is a one time listing or an ongoing relationship?  Indicate the length of your relationship with this builder or developer?	On what percentage of these transactions did you act as dual agent?  %
		Prior Fiscal Year?	Estimate?	Prior Fiscal Year?	Estimate?		
1.	Yes / No					One time listing? Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing relationship? Yes <input type="checkbox"/> No <input type="checkbox"/>  Number of Years: _____	%
2.	Yes / No					One time listing? Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing relationship? Yes <input type="checkbox"/> No <input type="checkbox"/>  Number of Years: _____	%
3.	Yes / No					One time listing? Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing relationship? Yes <input type="checkbox"/> No <input type="checkbox"/>  Number of Years: _____	%
4.	Yes / No					One time listing? Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing relationship? Yes <input type="checkbox"/> No <input type="checkbox"/>  Number of Years: _____	%
5.	Yes / No					One time listing? Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing relationship? Yes <input type="checkbox"/> No <input type="checkbox"/>  Number of Years: _____	%

**2. Does the agency serve as on-site agent for any builder or developer?** Yes  No

I understand the information submitted herein becomes a part of my errors & omissions insurance application and is subject to the same warranty and conditions. The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (mm/dd/yyyy)