

Continental Casualty Company
Real Estate Errors and Omissions Insurance

Administered by Rice Insurance Services Company, LLC

REINSTATEMENT REQUEST FORM
For Iowa State Program Participants

Policy: 09 EO 0015IA

Expiration Date of Previous Coverage: January 1, 2009
Or Requested Coverage Effective Date: _____

Please select coverage type: Firm License or Individual License

Name: _____

Firm: _____

Firm Address: _____

Business Phone: () - Home Phone: () - Fax: () -

Social Security Number: - - License #: _____

E-Mail Address: _____

Please state reason for requested reinstatement:

I, the undersigned, certify that as of the current date I have no knowledge of any claims which have been made against the entity or individual for which insurance is requested since the date of expiration listed above. I, the undersigned, also certify that as of the current date I have no knowledge of any negligent acts, errors or omissions or related negligent acts, errors or omissions committed or alleged to have been committed prior to the current date, that may reasonably be expected to become the basis of a claim against the entity or individual for which insurance is requested.

Signature of individual licensee applicant
Or for firm licensees, the firm representative

Current date

Please include this form with payment to RISC:
Mailing Address: **P.O. Box 6709, Louisville, KY 40206-0709**
Physical Address: 4211 Norbourne Blvd, Louisville, KY 40207-4048