

ALASKA REAL ESTATE COMMISSION'S (AREC's) GROUP ERRORS AND OMISSIONS (E&O) PROGRAM

Administered by Rice Insurance Services Center (RISC), a division of Accretive Specialty Insurance Solutions, LLC,

and Issued by Continental Casualty Company (Continental)

ENROLLMENT FORM – PRORATED

<u>NOTICE:</u> Alaska law requires that all active real estate licensees carry and maintain E&O insurance to cover all licensed activities. Before activation of a license, a prospective licensee must obtain insurance coverage. Failure to timely obtain or renew insurance may lead the AREC to inactivate your license and assess fines and penalties. Licensees may purchase insurance outside of the group program, provided it complies with state law and proof of coverage is provided to the AREC as required by state law.

ENROLL ONLINE: At <u>www.risceo.com</u> with a Visa, MasterCard, American Express, or Discover card and download a certificate of coverage immediately.

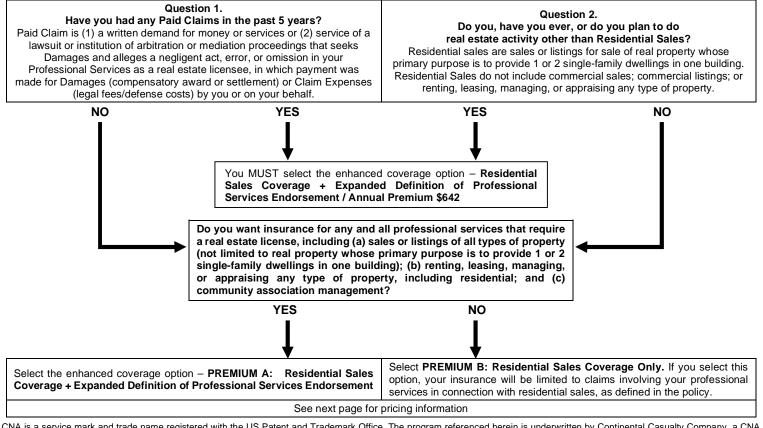
ENROLL BY MAIL: Select desired coverages below and send completed form (all pages) with payment by check or money order payable to RISC. Allow 7-10 business days to allow us time to process your enrollment and provide proof of coverage to the AREC.

Mailing Address: RISC, P.O. Box 6709, Louisville, KY 40206-0709 • Overnight Delivery: RISC, 4211 Norbourne Blvd., Louisville, KY 40207-4048

I. LICENSEE INFORMATION – Please correct any incorrect information and your coverage and confirmation to the AREC.	fill in any blanks. Failure to pr	ovide correct information may delay issuance of	
Licensee Name:	License Type:		
Real Estate Firm:	License No.:		
Address:	SSN (Last 4 digits only):		
City:	State:	Zip Code:	
Phone (home / cell):	Phone (work):		
If cell: Check here if you would like text reminders if/when that option is available.	Email*:		
*14/2 accordingly and important nations by amail. To reading these nations provide your			

*We occasionally send important notices by email. To receive these notices, provide your current email address and add our email domain (<u>@risceo.com</u>) to your address book.

II. DETERMINE SCOPE OF COVERAGE – Circle Yes or No as applicable. The AREC will be notified of false reporting of your real estate activity or claims history on this form.



CNA is a service mark and trade name registered with the US Patent and Trademark Office. The program referenced herein is underwritten by Continental Casualty Company, a CNA insurance company. The information included on both pages of this document is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the products and services offered. Only the policy can provide the actual terms, coverages, amounts, conditions, and exclusions. This program is only available in Alaska. © 2023

ALASKA REAL ESTATE COMMISSION'S (AREC'S) GROUP ERRORS AND OMISSIONS (E&O) PROGRAM ENROLLMENT FORM (cont.)

III. DETERMINE TOTAL PREMIUM

Select ONE of the Following Policy Options – 2025 Effective Date, All Policies Expire January 1, 2026 Limits of Liability: \$100,000 per claim / \$300,000 aggregate Deductible: \$2,500 (damages)						Unit Price	Amount Due
See flow chart on	prior page to determ	nine applicable optior	า				
OPTION A: Residential Sales Coverage + Expanded Definition of Professional Services Endorsement Prorated Premiums:						See prorated	
Jan \$642	Feb \$589	Mar \$535	Apr \$482	May \$428	June \$375	Premiums at left	
July \$321	Aug \$268	Sept \$214	Oct \$161	Nov \$107	Dec \$54		
OPTION B: Resid Prorated Premiun	ential Sales Coverag	e Only			•		
Jan \$450	Feb \$413	Mar \$375	Apr \$338	May \$300	June \$263		
July \$225	Aug \$188	Sept \$150	Oct \$113	Nov \$75	Dec \$38		
Endorsement to you to apply.	ur insurance and that y STATEMENT: A perso	ngly suggest you con you continue purchasin on who knowingly and ay be prosecuted under	ng that endorsement f	or as long as you wou	Id like that coverage	files a claim co	ntaining false,
		Optional End	dorcomonte				
		- optional Ent	uoisements				
where you have a Residential Sales (state(s): Other State Licer * Eligibility for TN cont	n active real estate li Coverage + Expanded CO ID IA nse Type: formity is limited by TN re	vour insurance under the icense. Eligibility requed Definition of Profess KY LA MS MT N / Other State License equiations. Contact RISC	he AK policy to comp uirements: You mus ional Services Endo NE NM ND RI S e #:	st be domiciled in Al rsement option. Plea D TN* WY (identify state r a TN license.	K and purchase the ase circle applicable if more than one)	\$20 (Regardless of number of states at issuance)	
where you have a Residential Sales (state(s): Other State Licer * Eligibility for TN cont	In active real estate li Coverage + Expanded CO ID IA Inse Type: formity is limited by TN re Lock Box Claim End	our insurance under th icense. Eligibility requent d Definition of Profess KY LA MS MT N _/ Other State License	he AK policy to comp uirements: You mus ional Services Endo NE NM ND RI S e #:	st be domiciled in Al rsement option. Plea D TN* WY (identify state r a TN license.	K and purchase the ase circle applicable if more than one)	(Regardless of number of states at	
where you have a Residential Sales (state(s): Other State Licer <u>* Eligibility for TN cont</u> Limited Coverage to a \$10,000 aggre Residential Perso residential property	In active real estate i Coverage + Expanded CO ID IA Inse Type: formity is limited by TN re Lock Box Claim End Igate Inal Interest Coverag (, as defined in the er	vour insurance under the icense. Eligibility requed Definition of Profess KY LA MS MT N / Other State License equiations. Contact RISC	he AK policy to comp uirements: You mus ional Services Endo NE NM ND RI S e #:	to be domiciled in Al resement option. Plea D TN* WY (identify state ra TN license. amages and defense ans relating to the sale e, insured licensee's	 A and purchase the ase circle applicable a if more than one) costs, combined, up cor listing for sale of spouse or domestic 	(Regardless of number of states at issuance)	

IV. REVIEW THE FOLLOWING IMPORTANT INFORMATION AND SIGN BELOW

What Is and Is Not Covered: We urge all licensees to review a sample policy, including the Exclusions section. A sample policy and additional information are available on our website, <u>www.risceo.com</u>, or by calling us toll-free at 1-800-637-7319, ext. 1.

Prior Acts and Importance of Continuous, Uninterrupted E&O Coverage: Your "retroactive date" determines whether there is coverage for services performed before the policy's effective date. The retroactive date is the date you first obtained, and since which have continuously maintained, E&O insurance, with no gaps. Even a one-day gap between policy periods will result in loss of coverage for any services provided before and through the last day of the gap, even if insurance was in place at the time of the services and again when the claim arises.

Effective Date: The group policy period is January 1, 2025 to January 1, 2026. Your individual policy period will begin the day we receive your *completed application* and premium. If your prior E&O insurance expires after January 1, 2025 and you fail to enroll prior to that policy's end date, call RISC immediately to see if you qualify to backdate your individual policy period, which may avoid a gap in coverage and loss of any previously-established retroactive date. This procedure will not remedy noncompliance with state requirements. If you would like to request an effective date different than the day we receive your *completed application* and premium, provide the requested effective date: ______(must be between January 1, 2025 and January 1, 2026).

This is a Claims-Made-and-Reported Policy: There is no coverage for claims first made before the beginning or after the end of your individual policy period. If you have any knowledge of a claim; potential claim; or any act, error, omission, fact, or situation that may give rise to a claim against you or your company, it must be reported in writing immediately to your insurance carrier before your current policy period expires. Failure to do so may jeopardize any coverage that would have otherwise been available. To report a claim under the group policy, you must send us written notice of the claim and a notice of claim form, available on our website or by calling us and requesting one.

There is no coverage for claims that arise after the policy expires unless an extended reporting period (ERP) is in place. However, claims often arise years after the subject transaction occurred. If you are not renewing coverage for any reason, including inactivating or retiring your license, you should consider purchasing a 1, 2, 3, or 5 year ERP Endorsement, which extends the reporting date of your policy to apply to claims that arise within the ERP. An ERP Endorsement may only be purchased within 90 days after the group policy expires.

Territory: Licensees domiciled in Alaska are insured for errors and omissions committed anywhere they hold an active real estate license, provided the services would require a real estate license if performed in Alaska. Licensees domiciled outside of Alaska are insured for Alaska transactions only. If a claim results in or from a lawsuit, the lawsuit must be brought within the U.S., its territories or possessions.

Premium / Deductible: Applicant understands that <u>all premiums are fully earned at policy inception and no refunds are permitted after that date</u>. If your payment is returned for nonsufficient funds, you are responsible for payment of any resulting bank fees or penalties. The deductible will be due in accordance with the policy. Applicant agrees to reimburse the Company for any and all costs and expenses it incurs by employing a collection agency to collect any overdue deductible.

Enrollee has reviewed and understands the information contained herein. Enrollee declares that the above statements are true and that Enrollee has not suppressed or misstated any material facts. Enrollee understands that 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. Enrollee agrees that this enrollment form shall be the basis of the contract with the Company and that coverage, if written, will be provided on a claims-made-and-reported basis. Enrollee understands and agrees that the completion of this enrollment form does not bind the Company to issue a policy.

SIGNATURE: _____

DATE: _____