

## Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage  
9655 Granite Ridge Drive  
Suite 500  
San Diego, CA 92123

For additional support you can email [techsupport@aherninsurance.com](mailto:techsupport@aherninsurance.com) or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

### **IMPORTANT!**

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**

## REAL ESTATE SUPPLEMENT

### REAL ESTATE PRACTICE BREAKDOWN

1. What percentage of real estate practice receipts for the current year and preceding year have come from the following areas:

		Current Year	Previous Year
a.	Purchase and Sale		
	Residential	_____ %	_____ %
	Commercial	_____ %	_____ %
	1. What is the approximate number of transactions handled in the last 12 months?		
	Residential	_____	_____
	Commercial	_____	_____
	2. What was the largest value Real Estate Transaction in the last 12 months?		
	Residential	\$ _____	\$ _____
	Commercial	\$ _____	\$ _____
b.	Land Use/Development	_____ %	_____ %
c.	Mortgages and Deeds	_____ %	_____ %
d.	Foreclosures	_____ %	_____ %
e.	Landlord/Tenant	_____ %	_____ %
f.	Condominiums, Cooperatives and Town House	_____ %	_____ %
g.	Property Valuation/Real Estate Tax Abatement	_____ %	_____ %
h.	Eminent Domain	_____ %	_____ %
i.	Homeowners Associations	_____ %	_____ %
k.	Other (Please describe):	_____ %	_____ %
Total must equal 100%		100%	100%

### TITLE WORK

2. Indicate the total number of title opinions issued over the past two years:  
 Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_
3. Please indicate the total number of title searches completed over the past two years by:  
 a. Attorneys in the firm: \_\_\_\_\_ c. Non-attorneys but employees of the firm: \_\_\_\_\_  
 b. Attorneys not in the firm: \_\_\_\_\_ d. Non-attorney subcontractors: \_\_\_\_\_
- If numbers are indicated in c. or d., does the firm obtain certificate(s) of insurance from all subcontracted sources of title searches?.....  Yes  No
4. How many Real Estate Title Insurance policies has the firm issued in the last 12 months? \_\_\_\_\_
5. Does the firm make use of engagement letters when doing title opinions or title searches that specify who the client is and what services are being performing for that client?.....  Yes  No
6. What title insurance companies does the firm act as an agent for? \_\_\_\_\_
7. Have any title insurers declined to take the firm as an agent or cancelled the firm's agency status for any reason?.....  Yes  No  
**If yes, please provide the name of the insurer, the dates involved and the reason why.**
8. Does anyone affiliated with the firm maintain any equity interest in a Title agency?.....  Yes  No  
 If yes, does the Title Agency have separate Title Agency Professional Liability Coverage?  Yes  No

**ENVIRONMENTAL REAL ESTATE**

- 9. a. Does the firm research and provide an analysis of potential real environmental risks before determination of price and other central terms and conditions?.....  Yes  No
- b. Does the firm advise clients in writing to seek independent professional evaluations of potential environmental exposures?.....  Yes  No

**REAL ESTATE INVESTMENTS**

- 10. Does anyone in the firm provide services to clients who form, manage, or organize group investment syndications (e.g. limited partnership, general partnership, real estate investment trusts or corporations) for the purpose of investing in real property?.....  Yes  No  
**If yes, please provide a detailed narrative.**
- 11. Does anyone in the firm solicit or seek investors in real estate mortgages or similar real estate based investments?.....  Yes  No
- 12. Does anyone in the firm hold a real estate agent or broker license?.....  Yes  No  
**If yes, please list the attorney's name and type of license.**

Name	Type of License
_____	_____
_____	_____

**Important Reminder**

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

**Representation and Acknowledgement of Firm's Continuing Duty to Inform**

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant Firm: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: Ahern Insurance Brokerage  
Agent/Broker License Number: 0C04825

**INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**