

RISC Rice Insurance Services Company, LLC

4211 Norbourne Blvd., Louisville, KY 40207

Phone: 502-897-1876 Toll-Free: 800-637-7319 Fax: 502-897-7174

Kentucky Real Estate Licensees Independent Errors and Omissions Program

Underwritten by Continental Casualty Company and Administered by Rice Insurance Services Company, LLC

DON'T LOSE YOUR PRIOR ACTS COVERAGE – ENROLL NOW!

RISC Continues to Offer E & O Insurance to Kentucky Licensees in 2010

Annual Premium only \$117 Policy Period (4/1/2010 to 4/1/2011)

Sample Policy, Forms and Program Information are available on our website: www.risceo.com

Name: _____ Telephone #: () - (w)
 Firm: _____ Telephone #: () - (c)
 Firm Address: _____ Fax #: () -
 City, State, Zip _____ Email: _____

Calculate Your Premium Cost Below:

SUBTOTAL	NUMBER OF LICENSEES: _____ (Attach a List of All Licensees' Names and License Numbers)	(Number of Licensees x \$117)	\$ _____
MUNICIPAL TAX	TAX RATE: ____%	(Subtotal x Tax Rate)	\$ _____
KY SURCHARGE	KY SURCHARGE: <u>1.8%</u>	(Subtotal x 1.8%)	\$ _____
TOTAL	(Total must include Municipal Tax and Surcharge)		\$ _____

Instructions:

- Please complete this form indicating the number of licensees affiliated with your firm and the total premium amount due from your calculation above.
- Please attach an alphabetic list of licensees names and license numbers for the count listed above.**
 Your list of licensees may be included in one of the following formats:
 - Your company roster, either a listing or spreadsheet (template provided on page 2); or
 - A printout from the KREC website - please be sure to cross off licensees not renewing their licenses and add any licensees not currently showing on the KREC website; or
 - We can accept an electronic file to expedite this process. Please contact us at (502) 897-1876 or 800-637-7319 if you would like to take advantage of this option.
- Please include your premium payment via check or money order made payable to: RISC
- You may mail the enrollment information and premium payment to us at: **4211 Norbourne Blvd., Louisville, KY 40207** or you may deliver your enrollment information and premium payment directly to our office between the hours of 8:30 am and 5:00 pm EST, Monday through Friday.
- Please indicate below how you would like to receive your certificates of coverage. (Please select one.)

Please email certificates of coverage for my licensees to: _____@_____

OR

Please mail certificates of coverage to the address listed above.