

Continental Casualty Company
Real Estate Errors and Omissions Insurance

Administered by Rice Insurance Services Company, LLC

REINSTATEMENT REQUEST FORM
For Mississippi State Program Participants

Policy: 10 EO 0012MS-

Expiration Date of Previous Coverage: July 1, 2010

Or Requested Coverage Date: _____

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. I, the undersigned, certify that **I understand that the reinstatement procedure does not impact my failure to comply with the mandatory insurance guidelines established by the Commission and I may still be subject to penalties and fines by the Commission.**

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**
Overnight Address: 4211 Norbourne Blvd, Louisville, KY 40207-4048