

Continental Casualty Company  
Real Estate Errors and Omissions Insurance

Administered by Rice Insurance Services Company, LLC

**REINSTATEMENT REQUEST FORM**  
**For North Dakota State Program Participants**

Policy: 08 EO 0007ND

Expiration Date of Previous Coverage: January 1, 2008  
Or Requested Coverage Effective 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.

\_\_\_\_\_  
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

Toll-free: (800) 637-7319 Local: (502) 897-1876 Fax: (502) 897-7174 Website: www.risceo.com