

Continental Casualty Company
Real Estate Errors and Omissions Insurance

Administered by Rice Insurance Services Company, LLC

INDIVIDUAL REINSTATEMENT REQUEST FORM
For Colorado State Program Participants

Policy: 12 EO 0009CO Expiration Date of Previous Coverage: January 1, 2012
Or Requested Coverage Effective Date: _____

**If you need to reinstate firm coverage, please use the Firm Reinstatement Request Form.*

Print or type

Individual License Name: _____

Social Security Number: _____ - _____ - _____ License #: _____

Business Phone: () _____ - _____ Home Phone: () _____ - _____ Fax: () _____

E-Mail Address: _____ Broker E-Mail Address: _____

Firm Legal Name: _____ D/B/A _____

Firm License #: _____ Broker Name: _____

Firm 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

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

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