



• We put the Experience and Options in E&O programs •
 502-897-1876 / 1-800-637-7319
 4211 Norbourne Blvd., Louisville, KY 40207-4048
 P.O. Box 6709, Louisville, KY 40206-0709
 www.risceo.com

**2018 MORTGAGE LOAN ORIGINATOR
 COLORADO STATE GROUP ERRORS AND OMISSIONS PROGRAM**

Administered by Rice Insurance Services Company, LLC (RISC) and Issued by Continental Casualty Company (Continental)

ENDORSEMENT REQUEST FORM FOR CURRENTLY-INSURED MORTGAGE LOAN ORIGINATOR LICENSEES

Request an endorsement after the group policy effective date (January 1, 2018)

To purchase an endorsement after the group policy's effective date (January 1, 2018), you must be currently enrolled in the 2018 Colorado state mortgage loan originator group program and have an active Colorado mortgage loan originator license. To request an endorsement, send RISC the completed form (including the bottom portion) and a check payable to RISC for the applicable premium.

If your payment is returned for nonsufficient funds, you are responsible for payment of any resulting bank fees or penalties. The deductible will be due in accordance with the policy. Applicant agrees to reimburse the Company for any and all costs and expenses it incurs by employing a collection agency to collect any overdue deductible.

Continental and RISC reserve the right to refuse to sell endorsements after the group policy's inception. If your endorsement request is approved, the effective date of the endorsement(s) will be the date RISC receives the completed form (including the bottom portion) and applicable premium. All endorsements expire concurrently with the group policy.

Applicant's Name: _____	License Type(s): _____ / License #(s): _____
Firm Name: _____	Telephone # (work): () - _____
Address: _____	Telephone # (home/cell): () - _____
City, State, Zip Code: _____	Fax #: () - _____
	Email*: _____

*We occasionally send important notices by email. To receive these notices, provide your current email address and add our email domain (@risceo.com) to your address book.

Optional Endorsements	Unit Price	Amount Due
Limited Claims Expenses Coverage Regulatory Complaints Endorsement: Claim expenses up to \$2,500 per complaint to or dispute before a state or federal regulatory or administrative board or agency, up to a maximum of \$5,000 for all such complaints.	\$35	
Reverse Mortgage Loan Transaction Endorsement (Choose Deductible Level Below): Provides coverage for claims involving professional services relating to a reverse mortgage loan, as defined in the policy		
\$10,000 Damage Deductible for claims alleging, arising from, or related to a reverse mortgage loan	\$1,450	
\$20,000 Damage Deductible for claims alleging, arising from, or related to a reverse mortgage loan	\$1,190	
Any Optional Endorsement Premium	Total	\$ _____

Reason for requesting endorsement(s) after the group policy's effective date (mandatory): _____

The undersigned certifies that as of this date, the undersigned

- holds an active Colorado mortgage loan originator license; and
- has no knowledge of any of the following: (a) claims against the undersigned; (b) negligent acts, errors, or omissions that may reasonably be expected to become the basis of a claim against the undersigned; or (c) related negligent acts, errors, or omissions committed or alleged to have been committed that may reasonably be expected to become the basis of a claim against the undersigned; and
- understands that the endorsement(s), if issued, will not apply to any of the following: (a) claims that first arose prior to the endorsement's effective date; (b) claims that arise after the endorsement's effective date and relate to a claim that first arose prior to that date; (c) negligent acts, errors, or omissions committed or alleged to have been committed prior to the endorsement's effective date that may reasonably be expected to become the basis of a claim against the undersigned; or (d) related negligent acts, errors, or omissions committed or alleged to have been committed prior to the endorsement's effective date that may reasonably be expected to become the basis of a claim against the undersigned.
- understands the endorsement premium is fully earned upon the endorsement's inception date and no refunds will be given after that time.

SIGNATURE OF LICENSEE: _____

DATE: _____

Please send completed form with payment to RISC

Mailing Address: P.O. Box 6709, Louisville, KY 40206-0709 / Overnight Address: 4211 Norbourne Blvd, Louisville, KY 40207-4048

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