



**2018 New Mexico Real Estate Commission's (NMREC's) Group
Real Estate Errors and Omissions Insurance Program**

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

ENDORSEMENT REQUEST FORM FOR CURRENTLY-INSURED 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 NMREC's 2018 group program and have an active New Mexico real estate license. To request an endorsement, send RISC the completed form (including the bottom portion) and a check payable to RISC for the applicable premium.

Applicant understands that all endorsement premiums are fully earned upon the endorsement's inception and no refunds are permitted after that date. If your payment is returned for nonsufficient funds, you are responsible for payment of any resulting bank fees or penalties.

Continental Casualty Company 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 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 # (circle one – cell / home): () - _____
	<input type="checkbox"/> If cell, check if you would like to receive text notifications if/when this becomes available.
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 AVAILABLE	Unit Price	Amount Due
<p>Conformity Endorsement: Conforms your insurance through the NM group policy to meet the E&O insurance requirements of the applicable state(s) that require E&O insurance and where you have an active license. You must be domiciled (actually or as defined in the group policy) in NM to purchase this endorsement. Please circle all of the states below where you have an active license and need proof of E&O coverage:</p> <p align="center">AK CO IA ID KY LA MS ND NE RI SD TN* WY</p> <p>Other State License Type: _____ / Other State License #: _____</p> <p><i>*TN conformity not available to some brokers due to TN regulations. Please contact RISC additional details.</i></p>	<p>\$15 (Regardless of number of states at time of issuance)</p>	
<p>Appraisal Endorsement: Eligibility Requirements: (1) active real estate license and (2) active appraisal license</p> <p>Appraisal License #: _____</p>	<p>\$200</p>	
<p>Increased Limits \$250,000 Per Claim / \$750,000 Aggregate: See below for instructions on selecting Premium A or Premium B.</p> <p>Premium A 75% or more* of your real estate activity income is earned from Residential Sales** and you have had no claims*** in the past 5 years or</p> <p>Premium B Less than 75%* of your real estate activity income is earned from Residential Sales** or you have had 1 or more claims*** in the past 5 years</p> <p><i>*To determine the percentage of your real estate activity income derived from Residential Sales, divide your income derived from Residential Sales by the amount of your total real estate activity income.</i></p> <p><i>**Residential Sales means sales of properties zoned for and occupied exclusively as residences for 4 families or less. Residential Sales also includes: (1) sales of vacant land, provided the land is zoned for residential use and is not a development project of 4 or more residences and (2) sales of farm property that will be a buyer's principal residence and where a buyer will derive no more than 25% of total income from farming. Commercial sales and renting, leasing, managing, or appraising residential or commercial property are not Residential Sales.</i></p> <p><i>***If you are a qualifying broker, a claim made against you, your firm for your acts, or your firm for the firm's acts is considered a claim against you for purposes of calculating the endorsement premium. If you are not a qualifying broker, a claim made against you or your firm for your acts is considered a claim against you for purposes of calculating the endorsement premium.</i></p>	<p>A \$123 or B \$184</p>	
<p>Total (Add Premiums for Optional Endorsements Selected)</p>		<p>\$ _____</p>

The following portion must be completed for your request to be considered.

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

The undersigned certifies that as of this date, the undersigned

1. holds an active New Mexico real estate license; and
2. 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
3. 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.
4. 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:** _____

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