



IDAHO REAL ESTATE COMMISSION'S (IREC'S)  
GROUP ERRORS AND OMISSIONS (E&O) PROGRAM

Administered by Rice Insurance Services Center (RISC),  
A Division of Accretive Specialty Insurance Solutions, LLC  
Issued by Continental Casualty Company (Continental)

www.risceo.com  
502-897-1876 / 1-800-637-7319  
PO Box 6709, Louisville KY 40206  
435 N Whittington Pkwy, Ste 300, Louisville KY 40222

**NOTICE – E&O insurance is required of all active status Idaho real estate licensees (including firm licensees). If your firm is currently enrolled in the IREC's group program, your firm's coverage expires October 1, 2024 at 12:01 a.m. MT. Failure to purchase E&O insurance by Friday, September 30, 2025 at 11:59:59 p.m. MT will result in violation of Idaho license law, license inactivation, and civil penalties and fines. Licensees may purchase insurance outside the group program, provided coverage meets state requirements and proof of coverage is provided to the IREC as required by state law.**

**PROTECTION FROM THE MOST EXPERIENCED PROVIDER IN THE BUSINESS** – RISC's management team has been involved in state-mandated real estate E&O insurance programs longer than any other group in the business. This program is specially tailored to meet the specific needs of Idaho licensees. The insurance carrier is Continental Casualty Company, a CNA insurance company. RISC's experience and excellent claims service, combined with Continental Casualty Company's strong financial performance and ratings (rated "A" by A.M. Best), ensures a quality program.

**REVIEW THE FOLLOWING IMPORTANT INFORMATION**

**What Is and Is Not Covered** – We urge all licensees to review a sample policy, including the Exclusions section. A sample policy and additional information are available on our website, [www.risceo.com](http://www.risceo.com), or by calling us toll-free at 1-800-637-7319, ext. 1.

**This is a Claims-Made-and-Reported Policy** – There is no coverage for claims first made before the beginning or after the end of your firm's individual policy period. If your firm has any knowledge of a claim; potential claim; or any act, error, omission, fact, or situation that may give rise to a claim against you or your firm, it must be reported in writing immediately to your firm's insurance carrier before your firm's current policy period expires. Failure to do so may jeopardize any coverage that would have otherwise been available. Any claim under the group policy must be reported to us in writing during the individual policy period in which it is first made against the insured. Further instructions and a notice of claim form are available online form at [www.risceo.com/wp-content/uploads/2018/01/NOC-Fraud-Warning.pdf](http://www.risceo.com/wp-content/uploads/2018/01/NOC-Fraud-Warning.pdf) or by calling us toll-free at 1-800-637-7319, ext. 2.

**Prior Acts and Importance of Timely Renewal** – Your firm's "retroactive date" determines whether your firm's insurance applies to claims involving services performed before the policy's effective date. The retroactive date is the date from which your firm has continuously maintained uninterrupted E&O insurance with no breaks between policy periods. Even a one-day gap will result in loss of coverage for ALL professional services performed before the new policy's effective date, even if your firm had E&O insurance when the services were provided and again when the claim arises. If your firm fails to enroll timely, call RISC immediately to see if your firm qualifies to backdate its individual policy period to October 1, 2025. This procedure will not remedy noncompliance with mandatory insurance laws, which will result in penalties and fines.

**If Your Firm is Not Renewing** – There is no coverage for claims that arise after the end of the individual policy period unless an extended reporting period (ERP) is in place. Claims often arise years after the subject transaction occurred. If your firm is not renewing coverage for any reason, (e.g., inactivating/retiring its license or switching to a firm policy), your firm should consider purchasing an ERP endorsement. We offer 1, 2, 3, and 5 year ERP endorsements to extend the reporting date to apply to claims that are first made and reported within that period. An ERP endorsement may be purchased any time during or up to 90 days after the end of your firm's individual policy period.

**Territory** – Licensees domiciled in Idaho are insured for professional services performed anywhere they hold an active real estate license, provided the services would require a real estate license if performed in Idaho. Licensees domiciled outside of Idaho are insured for Idaho transactions only. Out-of-state licensees may be considered domiciled in Idaho if their principal real estate license is affiliated with a real estate office located in Idaho and they reside within 50 miles of the Idaho state line. Please see the policy's Territory Section for more information.

**Effective Date** – Licensees that enroll before October 1, 2025 will have an October 1, 2025 inception date. The inception date for licensees that enroll after October 1, 2025 will be the date we receive the licensee's *completed application and premium*. Licensees not enrolled in the current group policy may request a different inception date (after October 1, 2025) for Continental's consideration:

**Premium / Deductible** – All premiums are fully earned at policy inception and no refunds are permitted after that date. If your firm's payment is returned for nonsufficient funds, your firm is 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.

**Firm Excess Coverage (Subject to Underwriting Approval)** – Firm excess policies with limits up to \$3,000,000 available to firms whose licensees are all insured through the group program (written by Continental Casualty Company). For additional excess program information, contact us at 1-800-637-7319, ext. 3.



**IDAHO REAL ESTATE COMMISSION'S (IREC'S) GROUP ERRORS AND OMISSIONS (E&O) PROGRAM  
FIRM ENROLLMENT FORM**

Administered by Rice Insurance Services Center (RISC) / Issued by Continental Casualty Company

| NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                |                |                                                                                             |                |                                                             |          |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|---------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|----------|---------------|
| <b>Active status Idaho real estate licensees who fail to purchase E&amp;O insurance by Friday, September 30, 2025 at 11:59:59 p.m. MT will be in violation of Idaho license law and will incur civil penalties and fines. If your firm is currently enrolled in the IREC's group program, your firm's coverage expires October 1, 2025 at 12:01 a.m. MT. Licensees may purchase insurance outside the group program, provided coverage meets state requirements and proof of coverage is provided to the IREC as required by state law.</b> |                |                |                |                                                                                             |                |                                                             |          |               |
| HOW TO ENROLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                |                |                                                                                             |                |                                                             |          |               |
| <b>ENROLL ONLINE</b> – <a href="http://www.risceo.com">www.risceo.com</a> and download a certificate of coverage immediately (Visa, MasterCard, American Express, and Discover accepted, (nonrefundable \$5 convenience fee applies; there is also a NEW ACH OPTION with a nonrefundable \$2 convenience fee).                                                                                                                                                                                                                              |                |                |                |                                                                                             |                |                                                             |          |               |
| <b>MAIL</b> – Send completed form with a check or money order payable to RISC. Please allow us time to process your firm's enrollment and provide proof of coverage to the IREC.                                                                                                                                                                                                                                                                                                                                                            |                |                |                |                                                                                             |                |                                                             |          |               |
| <b>Mailing Address</b><br>RISC, PO Box 6709, Louisville, KY 40206-0709                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                |                | <b>Overnight Delivery</b><br>RISC, 435 N. Whittington Pkwy, Suite 300, Louisville, KY 40222 |                |                                                             |          |               |
| FIRM LICENSEE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                |                |                                                                                             |                |                                                             |          |               |
| <b>Correct any incorrect information and fill in any blanks. Failure to do so may delay issuance of coverage and confirmation to the IREC.</b>                                                                                                                                                                                                                                                                                                                                                                                              |                |                |                |                                                                                             |                |                                                             |          |               |
| Firm Licensee Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                |                | License Type:                                                                               |                | License No.:                                                |          |               |
| D/B/A:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                |                | EIN:                                                                                        |                |                                                             |          |               |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                |                |                                                                                             |                |                                                             |          |               |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                |                | State:                                                                                      |                | Zip Code:                                                   |          |               |
| Phone (circle one: home / cell):<br><input type="checkbox"/> If cell: Check here if you would like text reminders if / when that option is available.                                                                                                                                                                                                                                                                                                                                                                                       |                |                |                | Phone (work):                                                                               |                |                                                             |          |               |
| Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                |                | Email*:                                                                                     |                |                                                             |          |               |
| <i>*We occasionally send important notices by email. To receive them, provide your firm's current email address and add our email domain, <a href="mailto:@risceo.com">@risceo.com</a>, to your firm's address book.</i>                                                                                                                                                                                                                                                                                                                    |                |                |                |                                                                                             |                |                                                             |          |               |
| SELECT DESIRED COVERAGES BELOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                |                |                                                                                             |                |                                                             |          |               |
| <b>BASIC POLICY – All policies expire October 1, 2026</b><br><b>Limits of Liability</b> – \$100,000 per claim / \$300,000 aggregate<br><b>Deductible</b> – \$1,000 Damages / No Deductible for Defense Costs                                                                                                                                                                                                                                                                                                                                |                |                |                |                                                                                             |                | See<br>prorated<br>premiums<br>at left                      | \$ _____ |               |
| <b>Prorated</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Oct 2025 \$155 | Nov 2025 \$142 | Dec 2025 \$129 | Jan 2026 \$116                                                                              | Feb 2026 \$103 |                                                             |          | Mar 2026 \$90 |
| <b>Premiums</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Apr 2026 \$78  | May 2026 \$65  | Jun 2026 \$52  | Jul 2026 \$39                                                                               | Aug 2026 \$26  | Sept 2026 \$13                                              |          |               |
| <b>Conformity Endorsement:</b> Confirms your firm's insurance through the ID policy to meet E&O requirements of other states that require firm licensee coverage where your firm has an active real estate license. Must be domiciled in ID or treated as domiciled in ID by the policy terms to purchase.<br>Please circle applicable state(s): <b>CO IA LA</b><br>Other State License Type: _____ / Other State License #: _____ (identify state if more than one)                                                                        |                |                |                |                                                                                             |                | \$15<br>regardless<br>of number of<br>states at<br>issuance |          |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                |                |                                                                                             |                |                                                             |          |               |
| <b>BASIC PREMIUM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                |                |                                                                                             |                | \$ _____                                                    |          |               |
| <b>+ OPTIONAL ENDORSEMENT PREMIUM (IF ANY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                |                |                                                                                             |                | \$ _____                                                    |          |               |
| <b>TOTAL DUE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                |                |                                                                                             |                | \$ _____                                                    |          |               |

Applicant has reviewed both pages of form and understands the information contained herein. Applicant declares that the above statements are true and that Applicant has not suppressed or misstated any material facts. Applicant understands that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Applicant agrees that this application shall be the basis of the contract with the Company and that coverage, if written, will be provided on a claims-made-and-reported basis. Applicant understands and agrees that the completion of this application does not bind the Company to issue a policy.

**SIGNATURE OF PERSON WITH AUTHORITY FOR FIRM:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CNA is a service mark and trade name registered with the US Patent and Trademark Office. The program referenced herein is underwritten by Continental Casualty Company, a CNA insurance company. The information included on both pages of this document is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the products and services offered. Only the policy can provide the actual terms, coverages, amounts, conditions, and exclusions. This program is only available in Idaho. © 2025