



IDAHO REAL ESTATE COMMISSION'S (IREC'S)  
 GROUP ERRORS AND OMISSIONS (E&O) PROGRAM  
 Administered by Rice Insurance Services Company, LLC (RISC)  
 and Issued by Continental Casualty Company

502-897-1876 / 1-800-637-7319  
 4211 Norbourne Blvd, Louisville KY 40207  
 PO Box 6709, Louisville KY 40206  
 www.risceo.com

**IDAHO FIRM LICENSEE ENDORSEMENT REQUEST FORM FOR CURRENT INSURED**

Request to purchase an endorsement after the inception of your firm's individual policy period.

To purchase an endorsement after the inception of your firm's individual policy period, your firm must be currently enrolled in the IREC's 2018 group program and have an active Idaho real estate license. Firm licensees may only purchase the conformity endorsement for states that require firm coverage. To request the endorsement, send the completed form and a check payable to RISC for the applicable premium. Continental Casualty Company and RISC reserve the right to refuse to sell endorsements after the group policy's inception. If your firm's endorsement request is approved, the effective date of the endorsement will be the date RISC receives the completed form and applicable premium. All endorsements expire concurrently with the group policy.

LICENSEE INFORMATION:		
Firm Licensee Name:	License Type:	License No.:
D/B/A:	EIN:	
Address:		
City:	State:	Zip Code:
Phone (circle one: home / cell):	Phone (work):	
<input type="checkbox"/> If cell: Check here if you would like text reminders if / when that option is available.		
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.

AVAILABLE ENDORSEMENT FOR FIRM LICENSEES	Unit Price
<b>Conformity Endorsement:</b> Conforms your firm's ID policy to comply with E&O requirements other states that require firms to maintain E&O coverage where your firm has an active real estate license. To be eligible for this endorsement, your firm must be actually domiciled in ID or treated as domiciled in ID by the policy terms. Please circle applicable state(s): CO IA LA Other State License #: _____ (if more than one state, please also indicate state)	<b>\$15</b> (Regardless of number of states at issuance)
<b>TOTAL</b>	

REASON FOR REQUESTING ENDORSEMENT(S) AFTER THE GROUP POLICY'S EFFECTIVE DATE (MANDATORY):
_____ _____

ACKNOWLEDGEMENT:
The undersigned certifies that as of this date, the undersigned 1. holds an active Idaho real estate license; and 2. <u>has no knowledge of any of the following:</u> a. <u>claims</u> against the undersigned; b. <u>negligent acts, errors, or omissions</u> that may reasonably be expected to become the basis of a claim against the undersigned; or c. <u>related negligent acts, errors, or omissions committed or alleged to have been committed</u> that may reasonably be expected to <u>become the basis of a claim against the undersigned; and</u> IF THE INSURED HAS ANY CURRENT KNOWLEDGE OF A CLAIM OR POTENTIAL CLAIM, ACKNOWLEDGE HERE: _____ 3. <u>understands that the endorsement(s), if issued, will not apply to any of the following:</u> a. <u>claims that first arose prior to the endorsement's effective date;</u> b. <u>claims that arise after the endorsement's effective date and relate to a claim that first arose prior to that date;</u> c. <u>negligent acts, errors, or omissions committed or alleged to have been committed prior to the endorsement's effective date</u> that may reasonably be expected to become the basis of a claim against the undersigned; or d. <u>related negligent acts, errors, or omissions committed or alleged to have been committed prior to the endorsement's effective date</u> that may reasonably be expected to become the basis of a claim against the undersigned; and 4. understands that all <u>endorsement premium is fully earned upon the endorsement's inception date and no refunds are permitted after that time.</u>

SIGNATURE OF PERSON WITH AUTHORITY FOR FIRM:	PRINT NAME:
TITLE:	DATE:

**Please include fully completed form with payment (by check or money order) to RISC:**

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