Real Estate Errors & Omissions Insurance

Administered by Rice Insurance Services Company, LLC

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COVERAGE INFORMATION REQUEST FORM

Due to privacy concerns, policy information cannot be released to third parties without the written consent of the insured.

Name of Insured:	
License #:	eu.
Firm:	
Address:	
City, State, Zip:	
Requested Information:	
Mark below	To be completed by RISC
	Current coverage on file: YES / NO
	Company Name on file:
	Address on file:
	Policy Number: Policy Limits: /
	Coverage Effective Date: / /
	Coverage End Date: / /
	Endorsements issued: Conformity (State(s):) / Appraisal / Higher Limits Leasing & Property Management / Environmental / Fair Housing / Regulatory Complaints
	Copy of current certificate of coverage
Other	Please indicate:
I verify that I am the managing broker or office manager responsible for the individual indicated above.	
Name:	(Please Print)
Signed:	Date:
	Signature
Release (optional) I authorize RISC to release my policy information to the following individual:(Please Print)	
Signed:	Date:
Signature of Insured	
Please choose one: Return this information by: □ Fax () - or	