



Request to Backdate Inception Date of Individual Policy Period  
Mississippi Real Estate Commission's Group Errors and Omissions (E&O) Policy

**Important Information about Prior Acts Coverage:** The Mississippi Real Estate Commission's 2018 group policy expired July 1, 2019. Active individual licensees must maintain E&O insurance. Active licensed real estate companies are not required to carry E&O insurance but may choose to do so (the responsible broker is required to maintain individual E&O coverage). An active licensee's failure to maintain continuous real estate E&O coverage is a violation of state law and results in loss of coverage for claims involving professional services rendered before your new policy's inception date. The "retroactive date" of your policy determines whether or not you have coverage for services rendered before the inception date of your current policy. Your retroactive date is the date you first obtained E&O insurance and since which have continuously maintained such insurance, with no gaps. Even a one-day gap between insurance policy periods will preclude coverage of any professional services performed before and through the last day of the gap, even if you had insurance in effect when the services were rendered and again when the claim arises.

**Request to Backdate:** You may request to backdate the inception of your **Individual Policy Period** up to 90 days from the date we receive this completed request form and applicable premium. The carrier reserves the right to deny requests to backdate. In that event, we will refund you the difference between the premium you sent and the actual prorated premium charged based on your inception date. Requests to backdate, if granted, will only apply to your coverage through the basic group policy. With the exception of the Conformity Endorsement, optional endorsements cannot be backdated. Requests to backdate, if granted, do not cure failure to comply with state law, and the real estate regulatory board or commission may still issue fines and penalties.

**Return this form with your check or money order payable to RISC.  
All fields MUST be completed for your request to be considered. Please print or type.**

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

**COMPLETE THE FOLLOWING:**

|                      |               |           |
|----------------------|---------------|-----------|
| Licensee Name:       | License Type: |           |
| Real Estate Firm:    | License No.:  |           |
| Address:             |               |           |
| City:                | State:        | Zip Code: |
| Phone (home / cell): | Phone (work): |           |
| 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](mailto:@risceo.com)) to your address book.*

**Requested Inception Date\*:** \_\_\_\_\_

\*Must be on or after July 1, 2019 and may be no more than 90 days prior to the date we receive this completed form and premium payment. All individual policy periods expire July 1, 2020.

**Reason coverage was not renewed timely (Must be completed for request to be considered. Any additional information or supporting documentation may be provided on a separate page.):** \_\_\_\_\_

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The licensee (the “**Licensee**”) requesting a backdated inception date for the **Individual Policy Period** under the Mississippi Real Estate Commission’s current group policy (the “**Policy**”) certifies and warrants that:

- I. As of the date written below next to the **Licensee’s** signature, such **Licensee** has no knowledge of:
  - A. any **Claim** that has been made against any **Insured** since the date such **Licensee’s** prior real estate errors and omissions insurance policy, if any, expired; or
  - B. a negligent act, error, or omission, or any fact, circumstance, or situation, that might reasonably be expected to be the basis of a **Claim** against any **Insured**.

The **Licensee** understands and acknowledges that if the **Licensee** has any such knowledge, the Company shall not be liable under the Policy to pay any **Damages** or **Claim Expenses** for any **Claim** or **Related Claim** alleging, arising from, or related to any such claims, negligent acts, errors, omissions, facts, circumstances, or situations.

- II. The **Licensee** further understands and acknowledges that the backdated inception date for the **Individual Policy Period**, if granted, does not impact such **Licensee’s** failure to comply with mandatory insurance laws and the regulatory agency or commission may still issue penalties and fines;
- III. The backdated inception date for the **Individual Policy Period**, if granted, shall not apply to any **Claim** made prior to the date of this request or after the expiration of the **Individual Policy Period** or any applicable Extended Reporting Period. If prior to the date of this request any **Insured** had a reasonable basis to believe a **Claim** may arise, then the backdated inception date for the **Individual Policy Period** shall not apply to such **Claim** or any **Related Claim**.

Bolded terms have the meanings defined in the Policy.

**PLEASE COMPLETE ONLY THE SECTION THAT APPLIES TO YOU:**

**For Requests By Individual (Not Firm) Licensees:**

Print Name: \_\_\_\_\_

Licensee’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Requests By Firm Licensees:**

Firm Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(Person signing must have authority to sign on behalf of the firm)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_