



• We put the Experience and Options in E&O programs •
 502-897-1876 / 1-800-637-7319
 4211 Norbourne Blvd., Louisville, KY 40207-4048
 P.O. Box 6709, Louisville, KY 40206-0709
 www.risceo.com

**2019 Nebraska Real Estate Licensee Independent
 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 INDIVIDUAL LICENSEES

Request an endorsement after the group policy effective date (January 1, 2019)

To purchase an endorsement after the group policy's effective date (January 1, 2019), you must be currently enrolled in the 2019 Nebraska independent group program administered by Rice Insurance Services Company, LLC (RISC) and have an active Nebraska real estate license. All endorsements below are available to individual licensees. Firm licensees may only purchase the conformity endorsement for other states that require firm coverage. To request an endorsement, send RISC the completed form (including the bottom portion) and a check payable to RISC for the applicable premium.

If your payment is returned for nonsufficient funds, you are responsible for payment of any resulting bank fees or penalties. If the fees accompanying your application are paid for by check and the check is not immediately paid upon presentment to the bank upon which the check was drawn, or if payment is submitted in any other manner, and payment is denied, rescinded, or returned as invalid, the application will be deemed incomplete.

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): _____
Firm Name: _____	License #(s): _____
Address: _____	Email: _____
City, State, Zip Code: _____	Fax #: () - _____
Telephone # (work): () - _____	Telephone # (home/cell): () - _____

*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 TO INDIVIDUAL LICENSEES (NOT FIRMS)	Unit Price	Amount Due
Appraisal Endorsement: Eligibility Requirements: (1) an active real estate license <u>and</u> (2) an active appraisal license Appraisal Credential #: _____	\$200	
Appraiser Trainee Endorsement: Adds specified appraiser trainees as insureds while employed by you, under your supervision and control, and assisting you in the performance of your professional services. Available to individual (not firm) licensees who have both an active real estate license and an active appraiser license and have purchased the Appraisal Endorsement. <i>You must attach a list of appraiser trainees that you would like listed in the endorsement. A separate premium applies to each appraiser trainee listed.</i>	\$200 per appraiser trainee	
Conformity Endorsement: Conforms your NE policy to comply with E&O requirements in other states where you have an active real estate license. To be eligible for this endorsement, you must be actually domiciled in NE or treated as domiciled in NE by the policy terms. Please circle applicable state(s): AK CO ID IA KY LA MS NM ND RI SD TN* WY Other State License Type: _____ / Other State License #: _____ (if more than one conformity state, also identify state)	\$15 (Regardless of number of states at issuance)	
*Eligibility for TN conformity is limited by TN regulations. Contact RISC if you need coverage for a TN license.		
Contingent Bodily Injury / Property Damage Endorsement: \$10,000 per claim / \$10,000 aggregate for damages and defense costs, combined, for bodily injury and property damage claims that arise from your professional services under certain conditions.	\$30	
Increased Limits Endorsements – You may purchase ONLY ONE of the following		
Increased Limits of \$250,000 per claim / \$750,000 aggregate January \$62 / February \$57 / March \$52 / April \$46 / May \$41 / June \$36 / July \$31 / August \$26 / September \$21 / October \$15 / November \$10 / December \$5	See prorated amounts at left	
Increased Limits of \$500,000 per claim / \$1,000,000 aggregate January \$112 / February \$103 / March \$93 / April \$84 / May \$75 / June \$65 / July \$56 / August \$47 / September \$37 / October \$28 / November \$19 / December \$9	See prorated amounts at left	
Total (Add Any Endorsement Premium)		\$ _____

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

The undersigned certifies that as of this date, the undersigned

- holds an active Nebraska real estate license; and
- 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
- 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.
- 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