



• 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 South Dakota Real Estate Commission's (SDREC's) 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 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 SDREC's 2019 group program and have an active South Dakota real estate license. To request an endorsement, send RISC the completed form (including the bottom portion) 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.

Applicant understands that all endorsement premiums are fully earned upon the endorsement's inception and no refunds are permitted after that date. If your payment is returned for nonsufficient funds, you are responsible for payment of any resulting bank fees or penalties.

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 # (circle one – home / cell):** ( ) - \_\_\_\_\_  
 If cell, check if you would like to receive text notifications if/when this becomes available.

\*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	Unit Price	Amount Due
<b>Appraisal Endorsement:</b> Eligibility requirements: (1) an active real estate license <u>and</u> (2) an active appraisal license Appraisal License #: _____	<b>\$200</b>	
<b>Conformity Endorsement:</b> Conforms your SD 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 SD or treated as domiciled in SD by the policy terms. Please circle applicable state(s): <b>AK CO ID IA KY LA MS ND NE NM RI TN* WY</b> Other State License Type: _____ / Other State License #: _____ (identify conformity state if more than one) <i>*Eligibility for TN conformity is limited by TN regulations. Contact RISC if you need coverage for a TN license.</i>	<b>\$20</b> (Regardless of # of states at issuance)	
<b>Residential Personal Interest Coverage Endorsement:</b> Provides coverage for claims relating to the sale or listing for sale of residential property owned by you, your spouse, or an entity you own, under certain conditions.	<b>\$50</b>	
<b>Increased Limits Endorsements – You may purchase ONLY ONE of the following:</b>		
Increased Limits of \$250,000 per claim / \$750,000 aggregate	<b>\$98</b>	
Increased Limits of \$500,000 per claim / \$1,000,000 aggregate	<b>\$169</b>	
<b>Total Optional Endorsement Premium</b>	<b>Total</b>	<b>\$ _____</b>

The following portion must be completed for your request to be considered.

**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 South Dakota 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**