



Real Estate Services Professional Liability Coverage

Travelers Casualty and Surety Company of America

New Business Application

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense costs. The Insurer will not be liable for the amount of any judgment, settlement, or defense costs incurred after exhaustion of the limit of liability. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as defense costs).

IMPORTANT INSTRUCTIONS

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this application for any information that exceeds the space provided.

Coverage is not available in CA, HI, and LA.

GENERAL INFORMATION

Legal Name of Firm:

BIRCH AND PINE REAL ESTATE LLC

Trade or Doing Business As Name(s):

BIRCH+PINE REAL ESTATE COMPANY

Mailing Address:

280 East COUNTRYSIDE Rd.

City: WATERBURY

State: VT

Zip: 05676

Physical Address (if different):

City:

State:

Zip:

Primary Contact Name and Title:

STACEY MISENKO, OWNER

Telephone Number:

802-760-7398

Email Address:

stacey@birchandpine.net

Web Address:

Proposed Effective Date:

12.9.22

Date Business Started:

12.9.22

List all states where professional services are provided:

VERMONT

Type of Legal Entity:

☐ Individual

☐ Sole Proprietorship

☐ General Partnership

☐ Other (Specify):

☐ Corporation

☒ Limited Liability Corporation

☐ Limited Partnership

APPLICANT INFORMATION

1. Provide the following information for all owners and managers.

Name	Position	Percentage of Ownership (Must Equal 100%)	Year First Licensed or Certified	Number of Years Managing this Firm
STACEY MISENKO	OWNER	50 %	Agent: 2019 Broker: 2021	
ROBYN FULTON	OWNER	50 %	Agent: 2020 Broker: 2022	
		%	Agent: Broker:	

2. How many owners, employees, and independent contractors are performing professional services for the firm?

2

3. Is the firm independently owned and operated?

☒ Yes ☐ No

If No, provide details:

If Yes to question 11. above and coverage is desired, complete the Construction/Development Information section of the Real Estate Professional Other Services Supplement.

12. What percentage of the firm's total revenue is derived from the following property transactions?
- a. Foreclosures ☐ %
 - b. REO or bank owned ☐ %
 - c. Short sales ☐ %
13. What percentage of sales transactions include:
- a. a property disclosure statement signed by the seller? 100 %
 - b. a property inspection? 70 %
14. Indicate the percentage of sales transactions in which the firm, any member of the firm, or any independent contractor acted as a dual agent representing the buyer and the seller: 0 %

RISK MANAGEMENT INFORMATION

Check all loss prevention and risk management controls below that are in place at the firm.

15. Control systems and conflict of interest procedures:
- ☐ Written disclosure of agent owned properties is provided to buyer
 - ☐ Written disclosure is provided on dual agency transactions
16. Client intake, screening, and file documentation:
- ☒ Client screening procedures are used.
 - ☒ Documents, conversations, recommendations, and activities
 - ☒ If property inspections are declined, a signed waiver is obtained.
17. Oversight and internal communication:
- ☒ There are procedures in place to notify management of problem transactions.
18. Office policies and procedures and firm management:
- ☒ Firm has written internal policies and procedures manual
 - ☒ Firm has in-house legal counsel, legal counsel on retainer, or a risk manager on retainer.

PRIOR INSURANCE AND CLAIM HISTORY

19. Has any claim involving professional services been made against you, your firm, or any member of your firm during the past five years or earlier if still pending? ☐ Yes ☒ No
If Yes, attach a copy of the firm's professional liability loss runs for the past five years.
20. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim? ☐ Yes ☒ No
If Yes, complete a Claim, Suit, or Incident Additional Information Request for each incident, act, error, or omission.
21. Has any member of the firm, including any independent contractor, ever had their professional license revoked or suspended, been formally reprimanded, or been the subject of a disciplinary action within the past five years? ☐ Yes ☒ No
If Yes, provide details: _____
22. Complete the following chart for professional liability insurance coverage carried during the past five years:
Check here if none: ☐

	Carrier	Policy Period	Limits of Liability	Deductible Amount	Premium	Retroactive Date
Current Year*		to	\$	\$	\$	
Prior Year 1		to	\$	\$	\$	
Prior Year 2		to	\$	\$	\$	
Prior Year 3		to	\$	\$	\$	
Prior Year 4		to	\$	\$	\$	

*Provide declarations page if available.

ADDITIONAL INFORMATION
