

**GREAT AMERICAN ASSURANCE COMPANY  
GREAT AMERICAN INSURANCE COMPANY  
GREAT AMERICAN FIDELITY INSURANCE COMPANY**

Applicant Name: Prairie Test

Applicant Address: 123 Idaho St

City: Sandpoint State: ID Zip: 83864

**Re: Application for Real Estate Professionals Errors & Omissions Insurance**

Application: Real Estate Errors and Omissions Insurance Date Application signed: \_\_\_\_\_  
(Name of Carrier/Professional Liability Program) (Month/Day/Year)

This document acknowledges receipt by Great American Assurance Company / Great American Insurance Company / Great American Fidelity Insurance Company of your firm's request for a Real Estate Professionals errors & omissions insurance policy.

Your firm's request for coverage included the application referenced above.

In lieu of requiring your firm to complete our application, we are willing to use the submitted application subject to the following:

- 1) you agree that we may use the information contained in such application, and any attachments to such application, in underwriting your account;
- 2) we may rely upon the truth and accuracy of the representations contained in said application and any attachments to the application;
- 3) you hereby represent that the statements and information contained in said application, and the attachments to such application, are true and accurate to the best of your present knowledge; and
- 4) said application, along with this letter, will be deemed attached to and incorporated into any policy we may issue pursuant to it.

Additionally, after inquiry, neither you, nor any of your subsidiaries, principals, partners, directors, officers or other professionals have any knowledge of any claims and/or circumstances, acts, errors or omissions that could result in a professional liability claim since the completion of your application signed on \_\_\_\_\_.

Your signature below represents your firm's acceptance of the above provisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Partner, Owner or Officer

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