

IDAHO INDIVIDUAL LICENSEE ENROLLMENT FORM

It is faster and easier to ENROLL ONLINE at www.risceo.com and download your Certificate of Coverage immediately.

Please complete the information below. PLEASE PRINT OR TYPE. Incomplete information may cause a delay in the issuance of your coverage. If you have any questions or would like additional information on optional coverages, please visit our website www.risceo.com or call us at (800) 637-7319.

Name: _____	License Type: _____ #: _____ pending <input type="checkbox"/>
Firm: _____	Email: _____
Address: _____	Telephone #: () - (w)
_____	Telephone #: () - (h)
City, State, Zip: _____	Fax #: () -
_____	SS #: _____ (optional)

Payment Type	Unit Price	Amount Due
Premium (Coverage expires 10/1/2009)	Refer to prorated premium chart	\$ _____
<i>OPTIONAL COVERAGES BELOW:</i> Please note that the optional coverages (other than conformity for other mandated states) are not available for firm licenses.		
Conformity: Circle all other mandated states where you are licensed and need proof of E&O coverage. This extension does not apply if you are a non-resident of Idaho. Please circle applicable state(s) below: CO IA LA KY MS ND NE NM RI SD WY	\$15 <small>(Regardless of the number of states at time of issuance)</small>	
Appraisal Endorsement (only applies for active real estate licensees)	\$200	
Leasing and Property Management Endorsement	\$100	
Limited Claim Expenses Coverage Environmental Endorsement	\$15	
Limited Claim Expenses Coverage Fair Housing Endorsement	\$15	
Limited Claim Expenses Coverage Real Estate Regulatory Complaints Endorsement	\$15	
Total (add prorated premium + any optional coverages)		\$ _____

We will verify coverage with the Idaho Real Estate Commission. However, it is your responsibility to provide verification to other commissions and entities. **NOTE ALL PREMIUMS ARE FULLY EARNED AT THE INCEPTION DATE. AFTER THE EFFECTIVE DATE, NO REFUNDS ARE PERMITTED.** Please do not submit your E&O premium to the Idaho Real Estate Commission. All premium payments must be mailed to the address below. Please allow at least ten (10) business days for processing unless you enroll online.

You may ENROLL ONLINE at www.risceo.com and download your Certificate of Coverage immediately.

If you wish to enroll by mail, please make your check or money order payable to: RISC

Mail Enrollment Form and payment to: PO Box 6709, Louisville, KY 40206-0709

Overnight Deliveries to: 4211 Norbourne Boulevard, Louisville, KY 40207-4048

*****PLEASE SIGN BELOW*****

If you have any knowledge of any act, error, omission, fact, or situation that might give rise to a claim against you, it must be reported in writing immediately to your insurance carrier before your current policy period expires.

Applicant declares that the above statements and particulars are true and that Applicant has not suppressed or misstated any material facts, and Applicant agrees that this application shall be the basis of the contract with the Company and that coverage, if written, will be provided on a claims-made basis.

Applicant understands and agrees that the completion of this application does not bind the Company to issuance of a policy. Coverage will be effective no sooner than the day after the postmarked date of the *completed application* (if you have no current coverage) or the expiration date of your current coverage. Please indicate below if another coverage date is requested.

Applicant understands that all premiums are fully earned at policy inception. Applicant hereby agrees to reimburse the Company for any and all costs and expenses the Company may incur by employing a collection agency to collect any overdue deductible. The deductible will be billed to you at the time the expense is incurred by the Company.

Applicant understands that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNATURE: _____ **DATE:** _____

Continental Casualty Company
 Real Estate Errors and Omissions Insurance
 Administered by Rice Insurance Services Company, LLC

IDAHO
 Prorated Premium Chart
 October 1, 2008 – October 1, 2009

Effective Date of Coverage	Premium
October 2008	\$165
November 2008	\$151
December 2008	\$138
January 2009	\$124
February 2009	\$110
March 2009	\$96
April 2009	\$83
May 2009	\$69
June 2009	\$55
July 2009	\$41
August 2009	\$28
September 2009	\$14

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It is faster and easier to Enroll Online at www.risceo.com.
We can accept credit card payments with a Visa or Mastercard on our secure website.
 Please note that we are unable to accept any payments over the telephone or by fax.

Please send enrollment form with payment to RISC:
 Mailing Address: **P.O. Box 6709, Louisville, KY 40206-0709**
 Physical Address: 4211 Norbourne Blvd, Louisville, KY 40207-4048

Toll-free: (800) 637-7319 Local: (502) 897-1876 Fax: (502) 897-7174 Website: www.risceo.com