



COLORADO

Department of
Regulatory Agencies

Division of Real Estate

Rev. Date: 2023-09-2023

Certificate of Independent Coverage for Colorado Real Estate Brokers

*This form is only required for applicants/licensees who have **not** purchased a required policy through the state-contracted group provider. For purposes of this form, an "Umbrella" policy is defined as a policy that covers the business entity (corporation, partnership, or LLC) and all licensees working for that company.*

Type of Coverage:

Umbrella Policy ☐

Individual Policy ☐

Named Insured:

Name of Individual Insured

License Number (or pending)

License Expiration

Company Name

Business Address (Street, City, State, Zip)

Company Telephone

Insured Email Address

Affidavit by Insurance Provider (to be completed by the insurance agency issuing the policy):

Pursuant to Colorado Real Estate Commission (CREC) Rule 3.9 and § 12-10-204, C.R.S., the insurance representative signing below certifies to CREC that:

1. The insurance company listed below is in compliance with CREC Rule 3.9.
2. The named insured, and in the event the named insured is a corporation, partnership, or limited liability company, all employed licensees or licensees who may become employed during the course of the policy period, are insured against claims resulting from errors and omissions as a real estate licensee.
3. The policy referenced below includes, at a minimum, the coverage set forth in CREC Rule 3.9.
4. The insurance company listed below hereby agrees to immediately notify the named insured and CREC, at 1560 Broadway, Ste. 925, Denver, CO, 80202, **in writing** of any cancellation or lapse in coverage.

Insurance representative, please complete the following information:

Policy Number

Policy Purchase Date

Policy Effective Date

Policy Expiration Date

Insurance Agency Name

Insurance Agency Name

Insurance Company Street Address

City

State

Zip Code

Insurance Carrier Name

Insurance Carrier NAIC Number

I declare under penalty of perjury in the second degree pursuant to § 18-8-503, C.R.S. that I have read and understand the statute and the statements made in this application are true and complete to the best of my knowledge.

Print Name of Insurance Representative

License Number

Title of Insurance Representative

Signature of Insurance Representative

Date

Submit This Form With Your Application

