



Certificate of Independent Coverage for Colorado Real Estate Brokers

This form is only required for applicants/licensees who have not purchased their policy through the state-contracted group provider. In the below 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 Phone	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, the insurance representative signing below certifies to the 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 Commission Rule 3.9.
4. The insurance company listed below hereby agrees to immediately notify the named insured and the CREC (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 License Number		
_____	_____	_____	_____
Insurance Company Address	City	State	Zip
_____	_____		
Insurance Carrier Name	Insurance Carrier NAIC Number		

I declare under penalty of perjury in the second degree pursuant to C.R.S. 18-8-503 that I have read and understand the statute and rule on the reverse side of this form 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