

**Kentucky Individual Real Estate Licensee Errors & Omissions Program  
Administered by Williams Underwriting Group (WUG)  
A Division of Maverick Insurance, LLC**

**Please return this form along with your payment to WUG by April 30, 2010**

**Principal Broker:** \_\_\_\_\_ **Telephone #** ( ) - \_\_\_\_\_ **(w)**

**Firm:** \_\_\_\_\_ **Telephone#** ( ) - \_\_\_\_\_ **(c)**

**Address:** \_\_\_\_\_ **Fax#** ( ) - \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

<b>Please Calculate Premiums and Taxes Below</b>			
<b>SUBTOTAL</b>	Number of Licensees: _____ (Please attach list of licensees and license numbers)	Number of Licensee x \$115	\$ _____
<b>KY SURCHARGE</b>	Surcharge 1.8%	Subtotal x 1.8%	\$ _____
<b>MUNICIPAL TAX</b>	Tax Rate: _____	Subtotal x Tax Rate	\$ _____
<b>TOTAL</b>	Total must include all Surcharges Taxes		\$ _____

**INSTRUCTIONS:**

1. Please complete all above information.
2. Please attach a list of all affiliated licensees in **alphabetical order and license numbers**. The list needs to match the number of licensees stated above. You can submit your list in one of three ways:
  - A) Either your own list or use the form provided
  - B) A list from the KREC website. Please add licensees not currently showing on the list and delete any who are no longer affiliated.
  - C) You can email us a list at [wug@maverick-insurance.com](mailto:wug@maverick-insurance.com). Please keep in mind no coverage will be in force nor can the independent certification of coverage form be delivered until payment is received.
3. Please include your payment payable to: Williams Underwriting Group
4. Please mail the payment to P.O. Box 1086 New Albany, IN 47151-1086 or 826 W Main Street, New Albany, IN 47150.
5. Please check your preference for having certificates of coverage delivered: \_\_\_ email to above address, \_\_\_ mail to above address or \_\_\_ fax.
6. When you send your forms to the KREC please do not forget to include the \$10/licensee processing fee the KREC requires from all licensees regardless from whom coverage is purchased.

**For a sample policy, forms and other program information, please see our web site  
[www.maverick-insurance.com/wug](http://www.maverick-insurance.com/wug)**

Coverage is underwritten by Zurich American Insurance Company

**CONTACT INFORMATION**

Phone: 800-222-4035  
Local: 812-941-4137  
Fax: 812-944-8010  
Email: [wug@maverick-insurance.com](mailto:wug@maverick-insurance.com)