

**Kentucky Independent 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**  
**July-September 2010**

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

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

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

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

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

Please Calculate Premiums and Taxes Below			
<b>SUBTOTAL</b>	Number of Licensees: _____ (Please attach list of licensees and license numbers)	Number of Licensee x \$86.25	\$ _____
<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:**

- Please complete all above information.
- 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:
  - Either your own list or use the form provided
  - A list from the KREC website. Please add licensees not currently showing on the list and delete any who are no longer affiliated.
  - 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.
- Please include your payment payable to: Williams Underwriting Group
- Please mail the payment to P.O. Box 1086 New Albany, IN 47151-1086 or 826 W Main Street, New Albany, IN 47150.
- Please check your preference for having certificates of coverage delivered: \_\_\_ email to above address, \_\_\_ mail to above address or \_\_\_ fax.
- 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)