

ALTERNATE EQUIVALENT E&O INSURANCE COVERAGE



Tennessee Real Estate Commission
Certification of Coverage

I hereby certify that:

Licensee: _____

File Identification Number: _____

Broker _____ Affiliate Broker _____ Firm _____ Timeshare Sales _____

Real Estate Firm: _____

Address: _____

Insurance Co.: _____ Policy No.: _____

Policy Dates: _____ TO _____

The named licensee is insured against claims resulting from Real Estate Agents' Errors and Omissions and the above referenced policy includes, at a minimum, the same coverage as the Tennessee Real Estate Commission's policy.

It is further understood and agreed that coverage for the person(s) insured by this policy may not be terminated, canceled, lapsed, or non-renewed, regardless of cause or reason without the Company having provided the Tennessee Real Estate Commission, 500 James Robertson Parkway, Nashville, Tennessee 37243-1151, with prior written notice.

Signature _____ Date _____
(Authorized Insurance Representative)

Title: _____

Address of Authorized Insurance Representative

