



LSOA, Inc.
Legal Services of America
 Serving Realtors & Their Clients

Risk Management Program
Membership Enrollment Form

Company Name: _____
 Members Name: _____
 E-Mail Address: _____ Telephone #: _____
 Date Started with Company: _____ # of Transactions, you've Closed in the Last 12 Months _____

<input type="checkbox"/>	Buyer and Seller Risk Management Program ONLY: Provides services to buyers & sellers once they have entered into a Buyer/Broker Agreement, Purchase Agreement, Listing Agreement or Agency Disclosure with any participating agent. Services are available after the Close of Escrow for: <input type="checkbox"/> One (1) year / <input type="checkbox"/> Three (3) year / <input type="checkbox"/> Lifetime
<input type="checkbox"/>	Broker/Agent Risk Management Program with Buyer Seller Risk Management Program. Services are available after the Close of Escrow for: <input type="checkbox"/> One (1) year / <input type="checkbox"/> Three (3) year / <input type="checkbox"/> Lifetime
<input type="checkbox"/>	Past Acts Coverage is available with Broker/Agent Risk Management for a one (1) time fee of \$75.00. This covers all transactions (closed or cancelled) dating back to the participating agents start date with the above named Company. There is no coverage under "The Program" for any written notice of dispute, threat, claim, demand, mediation, arbitration or a filed lawsuit that pre-exists the commencement date of this coverage under "The Program". (Past Acts Coverage is "ONLY" Available if a Master Agreement is signed by the broker)

All Benefits and their description can be found in the Risk Management Program Benefits for Brokers & Agents or Buyers & Sellers.

By enrolling in the above Risk Management Program, the "Licensee" agrees to the following: I agree that all of my real estate transactions that close after the inception of this Plan will have the Buyer or Seller Risk Management Program for the side(s) that I represent. The fee of \$_____ will be paid through escrow by my client (buyer, seller, or both if I am dual agent), or I will personally pay the fee out of my commission split, or any combination thereof. *Under no circumstances will the buyer or seller be required to pay for this service.*

This agreement shall commence as of the date below and continue for a period of twelve (12) months. Thereafter, benefits under "The Plan" shall continue uninterrupted until cancelled by either party. If the "Company" desires to cancel after twelve (12) months, a written notice must be received by "LSOA" ninety-days (90) prior to cancellation. Benefits for the buyers and sellers will continue until the one-year period of service has been completed.

I agree to the above terms and conditions: _____
 Signature Date

~~Credit Card Information~~ Type of Payment for Membership Fee: Visa MasterCard Debit Card

~~Card Holder's Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____
 Credit Card Number: _____ Expiration Date: _____
 CVC Number: _____ (3-digit card identification # found on back)~~

~~I authorize a onetime fee of \$75.00 for Past Acts Fee to be charged to the credit card provided~~

~~I authorize LSOA, Inc., dba Legal Services of America (Herein "LSOA") to charge the card listed above for the "Risk Management Program". LSOA is the name that my credit card will be charged to and the company to whom the debt is owed. I further acknowledge that it is clearly understood that these charges are irrevocable and non-refundable, and that in the event my credit card becomes invalid, I will provide LSOA with a new valid credit card upon request, to be charged for the payment of any outstanding balance owed to LSOA. Finally, I certify that I am the person authorized to use this credit card.~~

~~Authorized Signature: _____ Date: _____~~