



**MISCELLANEOUS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION
REAL ESTATE PROPERTY MANAGER**

THIS IS A SUPPLEMENTAL APPLICATION – COVERAGE IS SUBJECT TO A FULLY EXECUTED
MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL. SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT.

Applicant's Name

Agent

Please provide the following information:

1. Indicate below the Applicant's total gross annual revenue including the number of units or square footage (if applicable) for each of the following property types of property managed: (IF NO EXPOSURE ENTER ZERO)

	GROSS ANNUAL REVENUE	# OF UNITS OR SQUARE FOOTAGE
1-4 Family Residential Properties including Vacation Properties - Occupied	\$ _____	_____
Apartments including Apartment Hotels	\$ _____	_____
Commercial Occupancy	\$ _____	_____
Condominiums including Cooperatives and Associations - Residential	\$ _____	_____
Condominiums including Cooperatives and Associations - Commercial	\$ _____	_____
Properties financed by the Department of Housing and Urban Development	\$ _____	_____
Industrial or Manufacturing	\$ _____	_____
Mobile Home Parks (including Recreational Vehicle Parks)	\$ _____	_____
Office Buildings	\$ _____	_____
Retail	\$ _____	_____
Vacant Properties - Commercial	\$ _____	_____
Vacant Properties - Residential	\$ _____	_____
Warehouse	\$ _____	_____

2. What is the average value of the property managed? \$ _____
3. What percentage of the units managed is the applicant involved in the placement of tenants? %
4. Does the Applicant maintain an ownership interest in any of the properties managed? Yes No
If yes, please provide revenues derived from managed owned properties:
5. Are all properties managed in full compliance with all statutory and regulatory requirements for persons with physical handicaps? Yes No
6. Does the owner of all properties managed maintain separate general liability insurance? Yes No
If yes, please explain how coverage is verified

FOR ALL "YES" RESPONSES PLEASE PROVIDE FULL DETAILS INCLUDING THE ANNUAL REVENUES RELATED TO EACH SERVICE:

7. Is the Applicant involved with providing any of the following services?

	Yes	No		Yes	No
Mortgage Broker	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Agent/Broker	<input type="checkbox"/>	<input type="checkbox"/>
Property Contractor	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Appraiser	<input type="checkbox"/>	<input type="checkbox"/>
Property Construction Manager	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Consultant	<input type="checkbox"/>	<input type="checkbox"/>
Property Developer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

8. Does the Applicant provide any additional service outside of the scope of Property Management? Yes No

9. Does the Applicant organize Real Estate Investment Trusts, Syndications or Partnerships? Yes No

If yes, provide full details including Total Gross Annual Revenue: \$

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

For the purposes of this application, the undersigned authorized agent of all person(s) and Entity(ies) proposed for this insurance declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The Company is authorized to make any inquiry in connection with this application. Accepting this application does not bind the Company to issue a policy.

The information contained in and submitted with this application is on file with the company and is considered physically attached to this application. This application and such information will become part of, and be considered physically attached to, any policy issued as a result of this application. If, as a result of this application, a policy is issued, the Company will have relied upon this application and on such attachments.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify the Company, and the Company may modify or withdraw any quotation.

The undersigned declares that the person(s) and entity(ies) proposed for this insurance Understand that:

- (A) The policy for which application is made will apply only to claims first made or deemed made during the period in which the policy is in effect; and
- (B) The Limits Of Liability contained in the policy will be reduced, and may be completely exhausted, by the payment of defense expenses and, in such event, the Company will not be responsible for the continued defense of any claim or be liable for the defense expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable Limit Of Liability; and
- (C) Defense expenses will be applied against any applicable deductible.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date