



PROPERTY MANAGERS APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

SECTION I. BACKGROUND INFORMATION

1. Name of Applicant: _____
 Address: _____
 List complete addresses of all additional offices on a separate sheet; if none check here:
 Web Site: _____ E-mail Address: _____
 Contact Name: _____ Phone #: _____ Fax #: _____
2. Date Business was established: _____ Years of Property Management Experience of Principal / Partner: _____
3. Is Applicant applying for coverage as a: Corporation Partnership LLC Sole Proprietorship Individual
4. Please list all Applicant's Professional Designations: _____
5. Total number for each category (list each person only once, identifying their primary area of responsibility).

FULL TIME PART TIME

Property Managers	_____	_____
Real Estate Agents	_____	_____
Appraisers	_____	_____
Clerical	_____	_____
Reserve Study Personnel	_____	_____
Other(_____)	_____	_____

- 6.a. Income from Property management services or leasing in the last 12 months:

	Amount of Commission Income	Number of Units/Square Footage	Projected Commission Income
(A) Condo/Homeowner Association Management	_____	_____ units	_____
(B) Apartment/Cooperatives	_____	_____ units	_____
(C) Vacation Properties/Individual Home Management	_____	_____ units	_____
(D) Office Buildings	_____	_____ sq. feet	_____
(E) Shopping Centers/Malls	_____	_____ sq. feet	_____
(F) Industrial/Manufacturing/Warehouses	_____	_____ sq. feet	_____
(G) Other: _____	_____	_____	_____
TOTALS	_____	_____	_____

Only answer 6b and 6c if the Applicant derives more than 50% of the their income from residential management (A, B and C above)

- 6.b. What percentage of units managed is Applicant involved in placement of tenants? _____
- 6.c. What is the average individual unit value of the property under management? _____
7. Has Applicant, Predecessor Firm or any affiliated company at any time in the past or present engaged in any business venture outside the scope of a Property Management or Real Estate Organization, including but not limited to construction, property development or asset management? Yes No
 If Yes, please provide full details including the amount of income from these activities: _____
8. Does the applicant organize Real Estate Investment Trusts for purpose of investing in real estate? Yes No
 If Yes, please provide full details on separate sheet.
9. Do you have an ownership interest in any of the properties you manage? Yes No
 If Yes, please provide a list, on a separate sheet, of all the properties that applicant has an ownership interest in and the percentage of ownership they have in each.
10. Are any changes in the size of the applicant's operations, in excess of 25%, anticipated over the next 12 months? Yes No
 If Yes, please provide details on a separate sheet.

SECTION II. ACTIVITY OTHER THAN PROPERTY MANAGEMENT

11. Other Income. Applicant's Gross Revenue for the past 12 months (all fees and commissions before expenses, including any fees, commissions, or bonuses payable to employees and independent contractors). Indicate gross revenue derived from the sale of property, NOT the value of properties sold.

Description	Commission Income Last 12 Months	Number of Transactions	Commission Income Next 12 Months
Residential Sales*	\$ _____	_____	\$ _____
Commercial Sales	\$ _____	_____	\$ _____
Real Estate Appraisal Fees (complete Appraisers Addendum if over 35%)	\$ _____	_____	\$ _____
Other (Describe _____)	\$ _____	_____	\$ _____
TOTALS	\$ _____	_____	\$ _____

* Residential Real Estate means any property containing a single-family dwelling or multiple-family dwellings of up to 4 units. Any properties with more than 4 units are considered commercial.

SECTION III. CURRENT E&O INSURANCE

12. Insurance Co. _____ Policy Period _____ Limit of Liability _____ Premium _____ Retroactive Date _____ Deductible _____
- a. _____
- b. How many years has an E&O policy been in place without any lapses in coverage? _____
- c. Has the applicant ever purchased an extended reporting period endorsement? Yes No
If Yes, please explain on a separate sheet.
- d. During the past 5 years has any insurance carrier declined, canceled or refused renewal of similar insurance on behalf of this applicant, predecessor firm or anyone for whom this insurance will apply? Yes No
(Missouri applicants need not answer this question).
If Yes, please explain: _____
13. Has the applicant or any past or present staff member had their license revoked, or been subject to disciplinary action or investigation by any State Licensing Board or other regulatory body? Yes No
If Yes, please advise details, date of occurrence and copy of findings by Regulatory body. _____
14. Is the applicant or anyone for whom this insurance will apply aware of any:
- a. Professional Liability claim made against them in the past 5 years? Yes No
- b. Fact, circumstance, situation, act or omission which might reasonably be expected to be the basis of a claim or suit against them? Yes No
- If "Yes", to any of 14a or 14b please complete the Supplemental Claim Form.**

SECTION IV. WRONGFUL EVICTION/PERSONAL INJURY

15. Is the applicant or anyone for whom this insurance will apply aware of any:
- a. Wrongful eviction/personal injury claim made against them in the past 5 years? Yes No
- b. Fact, circumstance, act or omission, which might reasonably be expected to be the basis of a wrongful eviction/personal injury claim or suit against them? Yes No
- If "Yes", to any of 15a or 15b please complete the Supplemental Claims Form.**
16. Does the owner(s) of all the managed properties maintain General Liability Coverage? Yes No
- PLEASE NOTE:** It is a condition of this insurance that General Liability Coverage (including Personal and Advertising Injury) with at least \$500,000 Limit of Liability is carried by the Property Owner for each property managed by the Insured.

SECTION V. TENANT DISCRIMINATION COVERAGE DETAILS

17. Are all properties in full compliance with statutory and regulatory requirements for persons with physical handicap? Yes No
18. Is more than 25% of the applicant's income from properties financed by Housing and Urban Development (HUD)? Yes No
19. Does the organization currently carry Tenant Discrimination Coverage? Yes No
If Yes, please advise Insurance Co., Limit of Liability, expiring premium and date from which this coverage has been continuously carried: _____
20. Is the applicant or anyone for whom this insurance will apply aware of any:
- a. Claim alleging Discrimination or violation of any Fair Housing Act made against them in the past 5 years? Yes No

- b. Fact, circumstance, act or omission which might reasonably be expected to be the basis of a claim or suit against them? Yes No

If "Yes", to any of 19a or 19b please complete the Supplemental Claims Form.

SECTION VI. EMPLOYMENT PRACTICES COVERAGE DETAILS

21. Total number of Employees of the Applicants Firm: Full time: _____ Part time: _____
 Total number of superintendents and maintenance staff who are employed by the owner of the property being managed. Do not include independent contractors. Full time: _____ Part time: _____

22. Has there been any reduction of employees in the past 12 months or is a reduction anticipated in the next 12 months? Yes No
 If Yes, attach details including percentage.

23. Does the Organization currently carry Employment Practices Liability Insurance? Yes No
 If Yes, please advise Insurance Co., Limit of Liability, expiring premium and date from which this coverage has been continuously carried: _____

24. Within the last 5 years has any employment related, or third party discrimination, or third party sexual harassment: inquiry, complaint, notice of hearing, claim or suit been made against the Organization or any person proposed for Insurance in the capacity of either Director, Officer or Employee of the Organization? Yes No

If "Yes," please complete a United States Liability Insurance Group claim supplement for each claim.

25. Is any person proposed for this Insurance aware of any fact, circumstance or situation which may result in an employment claim or third party discrimination or third party sexual harassment claim against the Organization or any of its Directors, Officers or Employees? Yes No

If "Yes," please complete a United States Liability Insurance Group claim supplement for each claim

26. Please complete only if applying for Tenant Discrimination Coverage.
 a. Mandatory Written Policies - please identify if Applicant has in place:
 Third Party Discrimination Policy: Yes No
Please forward a copy of the policy identified above along with this signed and dated Application. If you do not have these written policies in place, the Company will provide you with sample policies at the time of binding this insurance.

27. Please complete only if applying for Employment Practices Coverage.
 a. **Mandatory Written Policies - please identify if Applicant has in place:**
 Sexual Harassment Policy (applies to employees and third parties): Yes No
 Anti-Discrimination Policy (applies to employees and third parties): Yes No
Please forward copies of the policies identified above along with this signed and dated Application. If you do not have these written policies in place, the Company will provide you with sample policies at the time of binding this insurance.

- b. **Recommended Written Policies - please identify policies Applicant has in place:**
 Employment Application Yes No
 Employee Handbook Yes No
 Company Email/Internet Policy Yes No

SECTION VII. PREMISES PREFERRED

28. Need applicant's complete location address. Please be sure to indicate the zip code.

29. Is the office located at the site of a managed location? Yes No
 If yes, please provide the exact address (including unit number) of the applicant's office: _____

30. Do you own the building where the office is located? Yes No
 If yes, please answer the following questions:
 a. Is building coverage desired? Yes No
 b. What is the total square footage of the building? _____
 c. What are the other occupancies? _____

31. Any General Liability claims paid or pending in the past 3 years? Yes No
 If yes, please list (by year): _____

32. Any Property claims paid or pending in the past 3 years? Yes No

If yes, please list (by years): _____

33. Business Personal Property Limit (contents): _____

34. Building Construction (please check one):

- Frame - Building is made from wood frame (2x4's/veneers).
- Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
- Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.
- Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.

35. Property Protection Class (1-10): _____

36. Gross square footage your business occupies: _____

37. a. Aluminum Wiring: Yes No
- b. Functioning Fire/Smoke Alarms: Yes No
- c. Burglar Alarms: Yes No

38. Is the electrical system connected to circuit breakers? Yes No

39. Does the owner(s) of all the managed properties maintain General Liability Coverage? Yes No

PLEASE NOTE: It is a condition of this insurance that General Liability Coverage (including Personal and Advertising Injury) with at least \$500,000 Limit of Liability is carried by the Property Owner for each property managed by the Insured.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements, and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of

ARIZONA, PENNSYLVANIA AND OREGON FRAUD STATEMENT: 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 may be subject to a civil penalty (and criminal penalty if in Pennsylvania)

UTAH, CONNECTICUT AND OHIO FRAUD STATEMENT: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

VIRGINIA FRAUD STATEMENT: Any person who knowingly with intent to defraud an insurer, submits an application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FRAUD STATEMENT (ALL OTHER STATES): 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 such violation.

this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature of the Applicant of the Insured: _____
(Must be signed by a Principal, Partner or Officer of the Firm)

If the primary address of the location listed in item #1 is in the state of New York, Iowa and Florida, the state of New York, Iowa and Florida require that we have the names and addresses of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker: _____
Address: _____
Agent or Broker license number: _____

PM APP (9/05) Date: _____

