



PROPERTY MANAGERS PACKAGE SUPPLEMENT

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

SECTION I. WRONGFUL EVICTION/PERSONAL INJURY

1. 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
of a wrongful eviction/personal injury claim or suit against them? Yes No

SECTION II. PREMISES PREFERRED

2. Need applicant's complete location address. Please be sure to include the zip code.

3. a. Is the office located at the site of the managed location? Yes No
b. Is the office located in a business park? Yes No
If yes to either 3a or 3b, please answer the following questions:
1) Please provide the exact address (including unit number) of the applicant's office:

- 2) Is there a workout facility or recreational facility located at the same location as the
Property Manager' office? Yes No
4. a. Is the office rented by the applicant? Yes No
b. Is the office owned by the applicant? Yes No
If yes to either 4a or 4b, please answer the following questions:
1) What percentage of the property is utilized by your office? _____ %
2) Are there any other tenants in the building? Yes No
3) What other types of business occupy the building? _____
5. Any General Liability claims paid or pending in the past 3 years? Yes No
If yes, please list (by year): _____
6. Any Property claims paid or pending in the past 3 years? Yes No
If yes, please list (by years): _____
7. Personal Property Limit: _____
8. Property Protection Class (1-10): _____
9. Gross square footage your business occupies _____

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

Date: _____