



Real Estate Property Management GL Supplemental

General Agent Name _____

Date _____

Insured: _____ Website _____

Does the insured perform any of the following services? *(if so, this risk is prohibited under our PDQ)*

- | | | | |
|---------------------------------|--|--|--|
| • Mortgage services | <input type="checkbox"/> Yes <input type="checkbox"/> No | • Rehab Centers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Real Estate Investment Trusts | <input type="checkbox"/> Yes <input type="checkbox"/> No | • Home inspection | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Syndication/ Partnerships | <input type="checkbox"/> Yes <input type="checkbox"/> No | • Insured Contractually responsible for security services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Adult Foster Care | <input type="checkbox"/> Yes <input type="checkbox"/> No | • New residential prop development (including apts & condos) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Assisted Living | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| • Halfway Houses | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| • Homeless Shelters | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

General Information Section

Receipts for the last 12 months: \$ _____ Anticipated receipts for the upcoming year: \$ _____

Management fees % breakdown between: Commercial _____% Residential _____%

Please provide an anticipated breakdown for the receipts between these categories:

SFD _____% 2-FD _____% 3-FD _____% 4-FD _____% Apartments _____% Condo Assoc. _____% Commercial buildings _____%

Does applicant have an ownership interest in any of the properties they 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.

General Liability Questions

Has Applicant, Predecessor Firm or any affiliated company at any time in the past engaged in any business venture outside the scope of a Property Management, including but not limited to construction, property development or asset management? Yes No

If Yes, please provide full details of the projects, including the amount of income from these activities: _____

Are all properties in compliance with regulatory requirements for persons with physical handicap? Yes No

What percentage of the applicant's residential management income comes from Housing and Urban Development (HUD)? _____%

Any buildings managed over 6 stories? Yes No

If any of the following are answered "No" this risk is prohibited under our PDQ

1. Is the construction Masonry-noncombustible construction (or better)? Yes No
2. Are all life safety standards met? Yes No
3. Is an elevator maintenance agreement in place? Yes No

If managing properties with pool exposures, please confirm the following:

- Are pools fenced with self-latching gates? Yes No
- Are rules, hours and depth markers posted? Yes No
- Is life safety equipment available? Yes No

If slides or diving boards are present, then risk is prohibited under this PDQ

Do you manage seasonal vacant properties and/or seasonal vacation properties with pool exposures? Yes No
Do you confirm that all properties being managed have current CGL coverage with limits equal to yours and does the definition of insured include "real estate manager"? Yes Ndf "NO", please explain: _____

Are all buildings in compliance with all life safety regulations? Yes No
Is the applicant contractually responsible for maintaining compliance with all life safety regulations? Yes No

Sub-contractor cost \$ _____ All subs insured with equal limits and name applicant as A/I? Yes No
Please list the services that are sub-contracted out: _____

Any General Liability losses in the past 5 years? Yes No If "YES" Describe? _____

Do you currently carry E&O insurance? Yes No

Is the applicant responsible for negotiating, effecting or maintaining insurance coverage on properties managed?
 Yes No , if "Yes" they need to carry Professional liability

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

(c) Claim alleging Discrimination or violation of any Fair Housing Act made against them in the past 5 years? Yes No
If "Yes", to any of (a), (b) or (c) please advise details

Does applicant belong to any trade associations or carry any special licenses or designations related to property management? Yes No If "Yes", please describe. _____

Does the property manager have D&O coverage? Yes No

Any other fiduciary services offered by the applicant? i.e. maintaining insurance coverage for their clients

Any E & O losses in the past 5 years?

Describe? _____

Attach applicant's standard property management contract/agreement

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____