



# Real Estate Agents & Property Management GL supplemental

\_\_\_\_\_  
General Agent Name

\_\_\_\_\_  
Date

Insured: \_\_\_\_\_ Website \_\_\_\_\_

If the applicant is involved in providing any of the following services, then this risk is prohibited under our program.

- Mortgage services
- Real Estate Investment Trusts (REITs)
- Syndication/ Partnerships
- Home inspection
- New residential prop development (including apts & condos)

1. Please complete the appropriate sections stating the annual gross commissions and/or fees you anticipate earning during the next twelve months:

(a) Real Estate Sales/Brokerage Number of Transactions	\$ _____ _____
(b) Real Estate Property Management Types of Properties Managed	\$ _____ _____
(c) Real Estate Appraisals Number of Appraisals	\$ _____ _____
(e) Real Estate Consulting Number of Contracts	\$ _____ _____
(g) <b>Commercial</b> Property Development and/or Construction (Attach detailed description of operations)	\$ _____ _____
(h) Real Estate Leasing Services	\$ _____ _____

2. 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: \_\_\_\_\_

3. 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

4. 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. \_\_\_\_\_

5. If the applicant is involved in real estate agent activities (other than property management) does your company carry current E & O coverage? Yes No
6. Does applicant have a formal practice for disclosing lead paint, mold, asbestos, underground storage tanks? Yes No
7. Does applicant own any subsidiary operations that offer home warranty plans? Yes No
8. Does applicant provide any moving services? Yes No
9. Are sales personnel employees or independent contractors? \_\_\_\_\_  
 If independent contractors, do they maintain their own GL/E&O coverage and name applicant as an additional Insured?  
 Yes No

**Questions related solely to Property Management**

10. Does applicant 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.
11. Are all properties in full compliance with statutory and regulatory requirements for persons with physical handicap?  
 Yes No
12. What percentage of the applicant's residential management income comes from Housing and Urban Development (HUD)? \_\_\_\_\_%
13. Do you manage SEASONAL vacation properties with swimming pools? Yes No If Yes, what precautions are taken regarding the swimming pools in the off-season? \_\_\_\_\_
14. Do you confirm that all properties being managed have current GL coverage with limits equal to yours? Yes No
15. Is the applicant responsible for negotiating, effecting or maintaining insurance coverage on properties managed?  
 Yes No
16. Indicate percentage of management fees derived from property: Commercial \_\_\_\_\_% Residential \_\_\_\_\_%

Attach a sample property management contract/agreement.

Describe any losses in the past 5 years: \_\_\_\_\_  
 \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select your underwriter from the dropdown: