



REAL ESTATE PROPERTY MANAGERS SUPPLEMENTAL APPLICATION

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

UNDERWRITING

1. Do you only provide services to others as outlined in a contractual agreement? ☐ Yes ☐ No
If yes: Provide a copy of all contracts used.
If no: Explain when you would not use a contractual agreement: _____
2. Do you ever use someone else's contract? ☐ Yes ☐ No
3. Does anyone other than a principal have the authority to amend the stated contract or agreement for a particular engagement? ☐ Yes ☐ No
4. Does the contract used include a hold harmless in your favor? ☐ Yes ☐ No
5. Does your contract require the property owner to name you as Additional Insured on their policy? ☐ Yes ☐ No
6. Do you obtain verification of General Liability Coverage from all owners of sites managed with limits of at least \$1,000,000 per Occ/\$1,000,000 Personal & Advertising Injury/\$2,000,000 General Aggregate? ☐ Yes ☐ No
If yes: Indicate how liability insurance coverage is verified (check all that apply):
☐ The property manager is responsible for maintaining coverage.
☐ The property manager requires certificates of insurance from the owners of properties managed.
☐ Other, please explain. _____

7. Please provide the following information for all locations managed:

Loc. #	Location Address	Square footage / # Units	Property Type (i.e. Apts, Merc, LRO, Dwellings, etc.)	Limits Verified As shown in Question 6?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

UNDERWRITING (Continued)

8. What amount of authority (in dollars) do you have for capital improvement and repairs? _____
9. Do you have supervision responsibilities for any employees of your clients? ☐ Yes ☐ No
If yes: Explain what operations you are supervising and the number of people being supervised. _____
10. Do you have payroll or subcontractor cost for any of the following exposures? ☐ Yes ☐ No
If yes, please provide annual payroll and/or subcontractor cost.

TRADE	PAYROLL	SUBCONTRACTOR COST
CARPENTRY		
MAINTENANCE		
HANDYPERSON		
PLUMBING		
ELECTRICAL		
LANDSCAPING		
SECURITY		
CONSTRUCTION DEVELOPMENT		
ANY OTHER CONTRACTORS*		
ANY OTHER SERVICES*		

* Please explain "Any Other Contractors" or "Any Other Services" performed: _____

11. If subcontractors are used, do you require certificates with limits equal to this application of insurance for each Contractor? ☐ Yes ☐ No
12. Do you have supervision responsibilities for any employees of your clients? ☐ Yes ☐ No
If yes, explain what operations you are supervising and the number of people being supervised. _____
13. Have you, or any predecessor firm, at any time engaged in any business venture outside the scope of property management, including but not limited to construction, property development or insurance? ☐ Yes ☐ No
14. During the past 3 years, have any of your principals, partners, officers, directors, employees or independent contractors had more than 20% equity interest in the property they manage? ☐ Yes ☐ No
15. Do you obtain a credit report for each prospective tenant? ☐ Yes ☐ No
16. Do you follow formal written procedures in processing tenant evictions? ☐ Yes ☐ No
17. Do your employees drive their own vehicles from site to site on a regular basis? ☐ Yes ☐ No
18. Do you obtain evidence of Personal Auto Coverage with limits of at least 100,000/300,000 for all employees using their own cars for business? ☐ Yes ☐ No
19. List all states in which you operate: _____
20. Are you or any of your employees a licensed Real Estate Agent? ☐ Yes ☐ No
21. Indicate the percent of revenue for each type of operation.

TYPE	PERCENTAGE	TYPE	PERCENTAGE
REAL ESTATE SALES	%	PROPERTY MANAGEMENT	%
REAL ESTATE APPRAISERS	%	MAINTENANCE SERVICES	%
CONSTRUCTION REPAIRS	%	MORTGAGE BROKERS/BANKERS	%
SECURITY SERVICES	%	REAL ESTATE CONSULTING	%
TIMESHARE SALES	%	ASSOCIATION MANAGEMENT	%
AUCTIONEERING	%	LEASING FEES	%
CONSTRUCTION DEVELOPMENT	%	OWNED PROP. MANAGEMENT	%
PROPERTY RENTAL	%	OTHER: _____	%

UNDERWRITING (Continued)

22. Are you involved in the sale of any properties that you do not own? ☐ Yes ☐ No

23. Indicate the percent of the properties you manage:

ARE OWNED BY YOU	%
ARE OWNED BY A RELATED ENTITY	%
ARE NOT OWNED BY YOU OR A RELATED ENTITY	%

24. If you are involved in Real Estate Development, please describe: _____

25. If you are involved in Construction Operations of any kind, please describe: _____

26. Has E&O insurance been purchased? ☐ Yes ☐ No

27. Within the last 3 years, have you, any subsidiary or any person associated with such entities for whom this insurance is being sought been:

a) the subject of disciplinary action by a regulatory agency or association? ☐ Yes ☐ No

b) the subject of action where a license was revoked or suspended? ☐ Yes ☐ No

c) the subject of or involved in any claim, written demand, notice, proceeding or litigation alleging or involving property management services? ☐ Yes ☐ No

28. If "yes" to any of a) through c) above, please provide details: : _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

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.

FRAUD STATEMENT**To Insureds in the States of:**

Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Arkansas

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

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

Kentucky

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.

Louisiana

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.

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 commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

Ohio

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.

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.

Pennsylvania

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 act, which is a crime, and subjects such person to criminal and civil penalties.

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

Virginia

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

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Producer's Signature

Date

Applicant's Signature

Date