

Real Estate Professional Errors & Omissions Insurance Other Services Supplement



Please complete only the sections that apply to services performed by the Applicant or Insured.
All questions must be answered completely.

Full Name of Applicant or Insured: _____

Property Manager Information

1. Does the Applicant enter into a contract with each property owner? Yes No
2. Is a budget prepared for each property managed? Yes No
3. Are standard management and lease agreements used for all properties? Yes No
4. Does the Applicant hire licensed contractors to provide services for any managed properties?
If Yes, does the applicant require certificates of insurance from each contractor? Yes No
 Yes No
5. What is the Applicant's average authority for capital improvements, repairs, etc.? \$ _____
6. Does the Applicant require liability insurance to be in place for all properties managed? Yes No
7. Indicate the number of property managers who hold professional designations or certification related to P.M.: _____
7. Does the Applicant have ownership interest in any properties managed? Yes No
8. Please provide a breakdown of the types of properties managed, revenues and ownership interest:

| Property Type | Number of Units/Square Feet | Gross Property Management Income | % of Ownership Interest (if any) |
|------------------------------|-----------------------------|----------------------------------|----------------------------------|
| 1-4 Family Residential | # Units: | \$ | % |
| Apartments/Condominiums | # Units: | \$ | % |
| Homeowners Associations | # Units: | \$ | % |
| Shopping Centers | Sq. Foot: | \$ | % |
| Office Buildings/ Commercial | Sq. Foot: | \$ | % |
| Other | | \$ | % |

Real Estate Auctioneer Information

1. Does the Applicant provide any written guarantee relating to the condition of the properties being auctioned? Yes No
2. Does the Applicant always put the properties to be auctioned on display for inspection prior to the auction? Yes No
3. Auctioning of Real Property Revenue:

| | |
|------------------------|----------|
| Last 12 Months | \$ _____ |
| Number of Transactions | _____ |

Mortgage Broker Information

- 1. How many years of mortgage brokering experience does the Applicant have? _____
- 2. In what State(s) are you licensed to perform mortgage brokering services? _____
- 3. Indicate the percentage of loans which are: Residential _____ %
Commercial _____ %
- 4. Maximum value of any one mortgage: \$ _____
- 5. In transactions where the Applicant serves as both the real estate agent /broker and the mortgage broker, does the Applicant inform the client that they are under no obligation to use the Applicant's mortgage broker services? Yes No
- 6. Does the Applicant have any form of discretionary loan making or loan underwriting authority? Yes No

If Yes, please explain.

Real Estate Appraiser Information

- 1. Indicate the number of appraisers who have attained professional designations related to the appraisal market: _____
- 2. Indicate the number of appraisers who have participated in an appraisal related continuing education program in the past twelve months: _____
- 3. Are written agreements between the Applicant and the bank or financial institution in place that outline the duties of the appraiser and the fees charged for such services? Yes No
- 4. Does the Applicant always use standard appraisal forms that comply with USPAP? Yes No
- 5. Does the Applicant perform any Right-of-Way appraisals? Yes No

If Yes, please provide the revenue and number of transactions for the past 12 months:

Right-of-Way Appraisals Last 12 Months Revenue: \$ _____
Number of Transactions: _____

FRAUD WARNINGS

NOTICE TO ALL PROSPECTIVE INSUREDS:

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 and subjects such person to criminal and civil penalties in many states.

NOTICE TO PROSPECTIVE INSUREDS IN:

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 claimant 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, Louisiana, West Virginia

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.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer 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.

Maine, Tennessee, Virginia, Washington

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

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 York (Other than Auto & Fire)

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 be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for such violation.

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.

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

DISCLAIMER

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

The undersigned is authorized by, and acting on behalf of, the Applicant and represents that all statements and particulars herein are true, complete and accurate to the best of their knowledge and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the Applicant's professional liability coverage.

Please print your name: _____ Title: _____

Signature: _____ Date: _____ / _____ / _____

For Florida and Iowa Insurance Agents Only:

Insurance Agent or Producer Name _____

Insurance Agent License # _____

For New Hampshire Insurance Agents Only: Insurance Agent Name and Signature Required

Insurance Agent Name: _____

Signature: _____

FOR Missouri and Wyoming Applicants Only:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE POLICY FOR WHICH IT IS APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE THE POLICY'S LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE APPLICANT SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Please print your name: _____ Title: _____

Signature: _____ Date: _____ / _____ / _____