



REAL ESTATE OPERATIONS

SUPPLEMENTAL APPLICATION

Applicant:

1. Please complete the appropriate sections stating the annual gross commissions and/or fees earned during the last 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
- d. Mortgage Brokerage/Banking \$
Number of Loans Placed
- e. Real Estate Consulting \$
Number of Contracts
- f. Syndication/Partnerships \$
(attach sample offerings, agreements, description of activities)
- g. Property Development and/or Construction \$
(attach detailed description of operations)
- h. Real Estate Leasing Services \$
Total Commission/Fees

2. Indicate the percentage of total income derived from the following:

- a. Commercial %
- b. Residential %
- c. Industrial %
- d. Agricultural %
- e. Undeveloped Land %
- f. Other (please specify) %

3. Are sales personnel employees or independent contractors?

Employees Independent contractors

If independent contractors, please provide us with a sample contract.

Please complete the following if you manage properties:

a. Is a budget plan prepared for each property managed? YES NO

If NO, please explain:



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b. Is firm involved in space merchandising? YES NO

If YES, please give details:

c. Are credit reports obtained on prospective tenants? YES NO

If YES, please explain:

d. Are you responsible for negotiating, effecting or maintaining insurance coverage on properties managed? YES NO

If YES, please explain:

e. Indicate percentage of management fees derived from commercial property:

Commercial % Residential %

4. Does the applicant or any person for whom insurance is being requested have any ownership or equity interest in any property being managed or held for sale? YES NO

If YES, please attach a schedule of such properties and interests.

5. Do you offer any home warranty/protection plans? YES NO

If YES, please advise name of plans and percentage of transactions involving such plans.

6. Do you have procedures in place designed to prevent fair housing claims? YES NO

7. Do you wish to have a quote including fair housing coverage? YES NO

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.