



Real Estate Property Manager PDQ Supplemental Application

Applicant Name: _____

Website: _____

Mailing Address: _____

Location Address: _____

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

- Mortgage services Yes No
- Real Estate Investment Trusts Yes No
- Syndication/ Partnerships Yes No
- Offering home warranty plans? Yes No
- Home inspections Yes No
- Insured Contractually responsible for armed security services (off duty police are OK) Yes No

Does the applicant manage any of the following types of properties? (*If so, this risk is prohibited under our PDQ*)

- Adult Foster Care Yes No
- Assisted Living Yes No
- Halfway Houses Yes No
- Rehab Centers Yes No
- Homeless Shelters Yes No
- Farm Properties Yes No

General Information Section

1. Property Management

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

2. Real Estate Sales

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

If Real Estate Sales are greater than 15% of total receipts, please submit.

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

If any commercial property management, what are the Occupancies? _____

4. List of locations managed or attach a schedule.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

5. Does applicant have an ownership interest in any of the properties they manage? Yes No

If "Yes", the properties must be properly classified and rated. 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.

6. Please provide a list of services offered:

- a. Accepting and disbursing rent
- b. screening and acquisition of tenants
- c. addressing ordinary repair and maintenance
- d. janitorial services on managed buildings
- e. other _____
- f. other _____
- g. other _____

7. Does property manager live on premises? Yes No

General Liability Questions

8. Has Applicant, Predecessor Firm or any affiliated company at any time in the past engaged in operations involving property development and/or residential construction projects? . Yes . No If 'yes', coverage is prohibited.

9. What percentage of the applicant's residential management income comes from Housing and Urban Development (HUD)/subsidized housing? _____% What percentage is from student housing? _____%

10. Any buildings managed over 10 stories? Yes No **If 'yes', this is a prohibited.**
Any buildings managed between 6 and 10 stories? Yes No If 'yes', please answer the next 3 questions:

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

11. 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

12. Does applicant manage seasonal vacant properties and/or seasonal vacation properties with pool exposures? Yes No

13. Does applicant confirm that All property management customers carry Commercial general liability insurance, at least equal to the applicant's limits and naming them as A/I? Yes No

11. Is the applicant contractually responsible for maintaining compliance with all life safety regulations? Yes No
If so, are all buildings in compliance with all life safety regulations? Yes No

12. Does the insured provide any structural or alterations to any of the properties? Yes No
If yes, what is the subcontracting cost for those operations? _____

13. What work are the subcontractors hired to do?
_____ % _____ % _____ % _____ % _____ %

14. Are certificates of insurance obtained prior to subcontractors starting work? Yes No
Minimum limits required \$ _____

15. Are you named as an additional insured on the subcontractors' policy? Yes No

Does applicant provide any moving services? Yes No

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

17. Does applicant currently carry any Professional insurance coverage? . Yes . No

18. Are Real Estate Agents sales personnel, employees or independent contractors? Yes No
If independent contractors, do they maintain their own GL/E&O coverage and name applicant as an A/I? Yes No

19. Is the applicant responsible for negotiating, effecting or maintaining insurance coverage on properties managed? Yes No
If "Yes" they must have Professional Liability coverage in place.

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

21. Does applicant have a formal practice for disclosing lead paint, mold, asbestos, underground storage tanks? Yes No

22. Is the applicant or anyone for whom this insurance will apply aware of any:

- (a) Professional Liability claims 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:

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

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____