



Name of Insurance Company to which application is made

**REAL ESTATE AGENT/BROKER & PROPERTY MANAGERS
SUPPLEMENTAL APPLICATION**

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately.

- Please answer all questions completely.
- If there is insufficient space to complete an answer, please continue on a separate sheet of the firm's letterhead. Indicate number of question.
- This form must be completed, signed, and dated by a principal, partner or officer of the firm.
- Please type or print.

1. Name of Applicant: _____

2. Your operations: Local Regional National International

3. Staff: (Indicate Numbers) NOTE: All Principals and Staff should be included only once.

	Total		Total
a. Principals, Partners, Directors, Officials		b. Licensed Real Estate Agents (Including Independent Contractors & Statutory Non-Employees)	
c. Property Management Staff		d. Real Estate Appraisers	
e. Real Estate Counselors		f. Project / Construction Managers	
g. Licensed Insurance Agents/Brokers		h. Maintenance Staff	
i. Other Employees (Including Clerical)			

4. Complete the following for each principal, partner, director and officer. (Attach additional sheets if necessary.)

Name & Title	Current Status of License	Year First Licensed as Real Estate	License Number	License Ever Revoked or Suspended?
	Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Agent: Broker: Other:		
	Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Agent: Broker: Other:		
	Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Agent: Broker: Other:		

5. Please provide Applicant's Current Annual Gross Income: Note: Show all income, fees and commissions before split with brokers or salespeople or deduction of expenses.

	Past Fiscal Year Ending 20____	Next Fiscal Year (Estimated) 20____
a. Residential Real Estate Sales		
b. Commercial, Industrial and/or Income Property Sales		
c. Farm or Ranch Sales		
d. Time Share Sales		
e. Vacant Land Sales		
f. Auctioneering		
g. Property Management Fees		
h. Real Estate Leasing Fees (Property Not Managed)		
i. Real Estate Appraisal		
j. Real Estate Counseling/Consulting		
k. Real Estate Development (new construction) where you own the real property, make capital improvements and sell for a profit.		
l. Project / Construction Management (Agency) for new construction.		
m. Project / Construction Management (At-Risk) for new construction. At-Risk means you either perform or are contractually responsible for construction.		
k. Project / Construction Management interior renovations and/or build-outs.		
l. Mortgage Brokerage & Banking		
m. Insurance Agency & Brokerage Services		
n. Other (Please describe) _____ _____		
TOTAL GROSS INCOME:		

6. Is the Applicant, any principal, partner, director, officer or employee of the Applicant, any subsidiary, parent or other related organization engaged in:

a. Property Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does the applicant or any subsidiary, parent or other related organization provide <u>maintenance</u> or <u>cleaning services</u> for said property (ies)? If yes, please name the entity and identify relationship to the insured:
b. Real Estate Appraisal	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does the applicant or any subsidiary, parent or other related organization involved in the origination or funding of loans secured by the property being appraised? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Real Estate Counseling /Consulting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If yes, please provide an attachment describing of these services.</u>
d. Real Estate Development (new)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the applicant or any subsidiary, parent or other related

construction where you own the real property, make capital improvements and sell for a profit		organization a general contractor or is contractually responsible for the construction of any structure on the real property? <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Project / Construction Management Services (Agency) on behalf of the owner for new construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete the Project/Construction Management Supplement and <u>provide a sample contract for this service.</u>
f. Project / Construction Management Services (At-Risk) on behalf of the owner for new construction. At-Risk means you either perform or are contractually responsible for construction.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete the Project/Construction Management Supplement and <u>provide a sample contract for this service.</u>
g. Project / Construction Management interior renovations and/or build-outs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the applicant or any subsidiary, parent or other related organization performing the interior renovates and/or build-outs? <input type="checkbox"/> Yes <input type="checkbox"/> No
h. Mortgage Brokerage & Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by attachment please identify the individual and/or entity performing this professional service. <u>Please note there will be no coverage provided for this professional service.</u>
i. Insurance Agency & Brokerage Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by attachment please identify the individual and/or entity performing this professional service. <u>Please note there will be no coverage provided for this professional service.</u>
j. The formation, management or organization of group investments, syndications, (including limited partnerships, general partnerships, real estate investment trusts or corporation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, by attachment: * describe the role of your organization in the formation, management or organization of group investments, syndications, (including limited partnerships, general partnerships, real estate investment trusts or corporations), * describe your professional services performed for or on behalf of these entities, and * advise if these entities carry Directors & Officers Liability or General Partnership Liability.

7. Applicant, any principal, partner, director, officer or employee of the Applicant, any subsidiary, parent or other related organization engaged in any activities or provide services not identified in Q. 5a – 5n? Yes No If Yes, please identify the name of the business enterprise and describe the services performed by the business enterprise: _____

8a. Please advise if the applicant (an entity or individual) or an entity related to the applicant through common ownership has an ownership interest directly in any property or indirectly through a legal entity which owns the property that is subject to the Insured's performance of professional services. **If so, please identify:**

Entity or Individual w/ownership interest	Relationship of Entity or Individual w/ownership interest to Applicant	Professional Services performed for the real property where the applicant or any entity or individual related thereto has an ownership interest directly or indirectly in the real property	Percentage of ownership interest

8b. For the professional identified above, please identify the percentage of your total gross revenues this represents: _____%.

NOTE: ANSWER QUESTIONS 9 – 18 IF YOU PERFORM PROPERTY MANAGEMENT SERVICES

9a. For the revenues shown in Q.5d, please provide a breakdown of Properties Managed for past fiscal year:

	How many properties do you manage with more than 40 stories?	Gross Revenues (Not rental income)
a. 1-4 Family Residential		\$
b. Apartments	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 +	\$
c. Condominiums/Cooperatives	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 +	\$
d. Shopping Centers	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 +	\$
e. Office Buildings	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 +	\$
f. Commercial	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 +	\$
g. Hotels / Motels and / or Mobile Home / RV Parks	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 +	

9b. Does the applicant manage any properties in the following counties: Yes No
 New York (All Boroughs); District Of Columbia; Cook County, IL; San Francisco County, CA; Harris County, TX;
 King County, WA; Los Angeles County, CA; Philadelphia, PA; Suffolk County, MA.

10. Is the Applicant a certified Property Manager? Yes No **If yes, indicate certification.** _____

11. Does the Applicant prepare a budget for each property managed? Yes No **If no, explain.**

12. Does the Applicant have check writing authority and/or engage in money management activities on behalf of its clients?
 Yes No **If yes, please provide a description of your services performed and identify the largest amount of funds within your checking writing and/or discretionary authority for the past fiscal year.** _____

13. Does the Applicant maintain a separate bank account for each property for the rental income collected from tenants?
 Yes No **If no, please describe your accounting practices of keeping track of funds for each property managed.**

14. Is a credit report obtained for each prospective tenant? Yes No **If no, explain your procedures for verifying a prospective tenant's credit history.** _____

15a. Does the Applicant assume responsibility for maintaining insurance coverage on properties managed? Yes No

15b. If yes under Q.15a, do you use a licensed Insurance Agent or Broker to place the insurance coverage? Yes No

15c. If no under Q.15b, does the Applicant, any principal, partner, director, officer or employee of the Applicant, any subsidiary, parent or other related organization place the insurance coverage? Yes No

15d. If yes under Q. 15a, are all properties insured for comprehensive general liability with limits of liability of at least \$1 million?
 Yes No **If no, please explain.** _____

15e. If no under Q.15a, are Certificates of Insurance obtained on all properties confirming Property and Casualty Insurance coverage? Yes No **If No, please explain.** _____

16. Does your lease / renters agreements contain a provision for charging a penalty or fee if a tenant/lessee breaks a lease mid-term? Yes No **If yes, describe your policies and procedures for ensuring any penalties or fees charged are in compliance with local and/or state laws.** For the above question, have you ever charged a tenant/lessee a penalty or fee for breaking a lease mid-term outside the terms and conditions of the lease / renters agreement? Yes No **If yes, please explain.** _____

Please provide a sample lease agreement.

17. Do you require all agents and brokers for *every* transaction to determine and document the source of information from the seller regarding the description and condition of the property? Yes No
If yes, does the above process specifically address mold? Yes No
18. Do you manage properties where state law requires the owner to pay interest on the deposit to the lessee? Yes No
If yes, are you responsible for the calculations and the payment of the interest to the lessee? Yes No
If yes, please describe your Quality Assurance/Quality Control procedure to ensure correct and timely interest payments to the lessee. (attach a separate sheet if necessary) _____

19. When you represent the **buyer**, do you *always* require the buyer to obtain an inspection of the property? Yes No
If yes, does the inspection specifically address the potential existence of mold and/or termites? If no, what do you require of the buyer? _____
20. Do you have policies and procedures in place for routine inspections for the potential existence of mold? Yes No
If yes, how often are inspections done? _____
21. Does the Applicant have Commercial General Liability Insurance in force? Yes No **If Yes, please identify the Insurance Carrier, Policy Period and Limit of Liability.** _____

22. Are all properties in full compliance with statutory requirements for persons with disabilities (as defined by the Americans with Disabilities Act)? Yes No **If no, please identify the property(ies) in question and when the property(ies) will be in full compliance with the Americans with Disability Act** _____

23. Does the applicant sub-contract maintenance services to others? Yes No **If Yes, do you require and obtain proof of license from your sub-contractors (if state / local law requires the tradesmen to be licensed)? If No, does Applicant, any principal, partner, director, officer or employee of the Applicant, any subsidiary, parent or other related organization perform the maintenance services?** Yes No N/A.

NOTE: Answer questions 24 through 25, only after inquiry of each member of the firm.

24. Have any professional liability claims ever been made against the applicant any proposed Insured? Yes No
25. Does any person to be insured have knowledge or information of any act, error or omission that might reasonably be expected to give rise to a claim against him or his predecessors in business? Yes No

NOTE: If yes to 24 or 25 please complete a supplemental claim form for each claim.

ARKANSAS APPLICANTS: 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 APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: 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 APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

LOUISIANA APPLICANTS: 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.

KENTUCKY APPLICANTS: 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 APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: 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 APPLICANTS: 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 APPLICANTS: 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 ANY INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO 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 APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 APPLICANTS: 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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: 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.

TENNESSEE: 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.

VIRGINIA APPLICANTS: 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.

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES A PART OF MY MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME WARRANTY AND CONDITIONS.

Name: _____ Title: _____

Signature: _____ Date: _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

Hartford Financial Products
2 Park Avenue
New York, N.Y. 10016