



Name of Insurance Company to which Application is made

PROPERTY MANAGER SUPPLEMENTAL APPLICATION

This is a supplement to an application for a CLAIMS-MADE and Reported Policy. It is to be used solely in conjunction with either The Hartford Professional Choice Liability Policy or the Miscellaneous Professional Liability Coverage Part of the Private Choice Encore!! 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 PROVIDE THE FOLLOWING INFORMATION:

- Organizational Chart
- Sample contracts used with customers.
- Most recent complete annual financial information
- Resumes Of Principals
- Currently Valued Loss Runs

General Information:

1. Name of Applicant: _____

2. Do you provide any services to any properties located outside the United States? Yes No If Yes, please provide details. _____

3. Do you any services to any properties located in California? Yes No

4. Total Number of Clients: _____

5. Complete the following for each principal, partner, director or officer:

Name and Title	Current Status	Year First Licensed as Real Estate Agent or Broker	Professional Designations/Association Membership	Years with Applicant
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Agent: Broker:		

Services:

6. Please provide the Applicant's current fiscal year end gross revenues and projected gross revenues for the next fiscal year for the each services provided.

Services	Next 12 Months	Most Recent Fiscal Year
Commercial Property Management	\$	\$
Commercial Property Sales	\$	\$
Commercial Property Leasing	\$	\$
Construction/Project Management for interior build-out	\$	\$
Residential Property Sales	\$	\$
1031 Exchange Services	\$	\$
Asset Management	\$	\$
Auctioneering	\$	\$
Appraisals	\$	\$
Business Brokering	\$	\$
Construction/Project Management for work other than interior build-out	\$	\$
Escrow	\$	\$
Facility Management	\$	\$
Foreclosures	\$	\$
Formation/Management of Group Investment/Syndications (including partnerships or REIT's)	\$	\$
Home Owner Association Management		
Insurance Agent & Broker Services	\$	\$
Mortgage Banking or Brokering	\$	\$
Real Estate Development	\$	\$
Real Estate Consulting	\$	\$
Residential Property Management	\$	\$
Residential Property Leasing	\$	\$
Risk Management Services	\$	\$
Title Services	\$	\$

7. Is the Applicant, including any director, officer or employee or agent of the Applicant, engaged in any other activities other what is listed in question 6 above? Yes No If Yes, please describe:

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8. Please indicate the type of properties you manage:

Commercial Properties	Most Recent Fiscal Year Revenues	
Industrial	\$	

Office Buildings	\$	
Shopping Centers	\$	
TICS:	\$	
Other: _____	\$	
Residential Properties	Most Recent Fiscal Year Revenues	Number of Units
1 – 4 Family Residential	\$	Units
Apartments	\$	Units
Condominiums/Cooperatives	\$	Units
Other: _____	\$	Units

9. Does the Applicant now or has the Applicant ever had an exclusive listing arrangements with condominiums or developers? Yes No
10. Does the Applicant now or has the Applicant ever had an on-site presence with developers? Yes No
11. Does the Applicant hire and manage contractors, architects, engineers, subcontractors performing renovation or construction projects? Yes No
12. What is the average contract amount (your Annual revenues) for Professional Services: _____

Ownership:

13. Does the Applicant, or any director, officer, employee of the Applicant, or affiliate of the Applicant maintain any direct or indirect ownership interest in any of the properties or entity to which the Applicant provides services? Yes No If Yes, please provide the following details:

Property or entity in which the Applicant has ownership interest	% Ownership	Services performed to such entity or property
	%	
	%	
	%	
	%	
	%	

14. Did the Applicant, or any director, officer, employee of the Applicant, or affiliate of the Applicant formerly maintain any direct or indirect ownership interest in any of the properties or entity to which the Applicant provides services? Yes No If Yes, please provide the following details:

Property or entity in which the Applicant has ownership interest	% Ownership	Services performed to such entity or property
	%	
	%	
	%	
	%	
	%	

15. Has the Applicant ever, or plan to in the future, provide services to a property where the Applicant, or any director, officer or employee of the Applicant, or affiliate of the Applicant developed such property?

Yes No Yes, please provide the following details:

Contracts, Subcontractors and Risk Management for all Services:

16. What percentage of the time does the Applicant use standardized written contracts? _____%

17. Do standard contracts contain:

Hold harmless agreement that benefits the Applicant Yes No;

Hold harmless agreement that benefits other parties of the contract Yes No;

Guarantees or Warrantees Yes No;

Limitation of the Applicant's liability Yes No;

Provisions for Liquidated Damages Yes No;

Integration/Globalization Provisions Yes No;

Specific Description of the professional services Applicant is to provide Yes No;

Payment Terms Yes No

18. What percentage of the time does the Applicant modify its standard contracts? _____%

19. Does in-house or outside legal counsel review all contracts? Yes No

b. Which one? in-house legal counsel outside legal counsel both

20. Who writes and authorizes any changes to the contracts? _____

21. What percentage of revenues does the Applicant subcontract work to others? _____%

22. a. Does the Applicant require subcontractors to carry E&O insurance and obtain evidence of insurance?

Yes No

b. Do contracts with subcontractors have hold harmless agreements that benefit the Applicant? Yes No

23. Does the Applicant utilize any of the following:

Written Procedures Manual? Yes No

Formalized Training for all staff? Yes No

Contracts, Subcontractors and Risk Management for Property Management Services:

24. Does the Applicant maintain a budget for each property managed? Yes No

25. Does the Applicant maintain a separate bank account for each property for the rental income collected from tenants? Yes No If No, please describe procedures to keep track of client funds:

26. Does the Applicant obtain credit reports for each prospective tenant? Yes No

27. Are all properties managed by the Applicant insured by no comprehensive general liability with limits of liability of at least \$1,000,000? Yes No

28. Does the Applicant maintain written risk management procedures including written procedures to ensure compliance with all federal, state, and local statutes and regulations? Yes No

29. Does the Applicant have written procedures in place for routine inspection of properties managed, including mold inspections? Yes No

30. Is the Applicant responsible for obtaining and maintaining insurance on properties managed? Yes No

31. Is the Applicant responsible for the payment of taxes on behalf of properties managed? Yes No

Contracts and Risk Management for Real Estate Sales & Leasing Services:

32. Does the Applicant always disclose in writing to all parties when it represents the buyer and seller? Yes No

33. What percentage of Applicant's transactions did the Applicant represent both buyer and seller? Yes No

34. Does the Applicant always require a signed seller disclosure form? Yes No

35. During the past twelve (12) months, indicate the percentage of real estate professionals who have participated in formal continuing education courses designed to reduce real estate professional liability: _____%

36. During the past twelve (12) months, indicate the average value of the properties sold by the Applicant: \$_____

37. During the past twelve (12) months, indicate what percentage of residential sales transactions:

a. Included a home warranty program: _____%

b. Included a professional home inspection: _____%

Loss History:

38. Have any of the Applicant's Owners, Principals, Directors, Officers or employees ever been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities? Yes No **If Yes, please attach explanation.**

39. Has there been or is there now any Pending Litigation, Claim or Arbitration against or Civil, Criminal, Administrative or Regulatory Action or Proceeding of the Applicant or any Person or Entity Proposed for Insurance in the last 6 years? Yes No **If Yes, please attach explanation.**

40. Does any person or entity proposed for insurance have knowledge or information of any act, error, or omission which might reasonably give rise to a claim under the proposed policy? Yes No **If Yes, please attach explanation.**

It is understood and agreed that with respect to Questions 38, 39, and 40 above, that if such reprimand, disciplinary or criminal actions; litigation, claim, arbitration, civil, criminal, administrative or regulatory action or proceeding; or knowledge or information, exists, any claim or action for, based upon, arising from or in any way related thereto is excluded from this proposed coverage.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Not applicable in Florida, Georgia, Kansas, Kentucky, Maine, New Hampshire, North Carolina, Oregon, and West Virginia.

WARRANTY: The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

NOTE: In applying for coverage, the Applicant agrees that in the event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The Applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by defense costs and in such event, the Company shall not be liable for defense costs or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she is aware that defense costs that are incurred shall be applied against the deductible amount.

The Applicant understands and accepts that the policy applied for provides coverage on a "claims-made and first reported" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

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The Applicant represents that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

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FRAUD WARNING STATEMENTS

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.

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.

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.

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.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH 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 MAY BE 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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

TENNESSEE 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.

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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME IN CERTAIN JURISDICTIONS.

WASHINGTON 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."

WEST VIRGINIA 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.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER OR THE PRESIDENT OF THE COMPANY.

SIGNATURE _____

TITLE: _____ DATE _____

Name Of Broker _____
(Required: FLORIDA, IOWA, NEW HAMPSHIRE only)
Print Name _____
Address _____
Date _____

Broker License No. _____
(Required: FLORIDA only)
Name Of Agency _____

Broker Signature _____
(Required: NEW HAMPSHIRE only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

(Enter the address and phone number of the local The Hartford office.)