

REAL ESTATE OPERATIONS

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:



REAL ESTATE OPERATIONS

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.