



# Property Managers Professional Package Application

This is an application for a claims made (professional) and occurrence (general liability and business personal property) policy. Please read your policy carefully. Defense costs shall be applied against the deductible.

**New York Disclosure Notice: Under PM-102 and PM-103, if made part of your policy, the limits of liability available under this policy may be completely exhausted by the payment of defense costs.**

All questions must be answered and application must be signed by applicant.

## INSTANT QUOTE INFORMATION

1. Name of applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 List complete addresses of all additional offices on a separate sheet; if none check here:   
 Web site: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Date business was established: \_\_\_\_\_ Years of property management experience of principal/partner: \_\_\_\_\_

3. List all applicant's professional designations: \_\_\_\_\_

4. Applying for coverage as a:  Corporation  Partnership  LLC  Sole proprietorship  Individual

5. Employee breakdown:  
 Total number of employees of the applicants firm: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
 Total number of superintendents and maintenance staff who are employed by the owner of the property being managed  
 Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

6. Has there been any reduction of employees in the past 12 months or is a reduction anticipated in the next 12 months?  Yes  No  
 Please do not include seasonal workers in this reduction.

7. Gross income

Management and leasing income	Amount of Gross Income Past 12 Months)	Number of Units	Projected Gross Income (Next 12 Months)
(A) Condo/Homeowner Association Management	_____	_____ units	_____
(B) Apartment/Cooperatives	_____	_____ units	_____
(C) Vacation properties/Individual home management	_____	_____ units	_____
(D) Office buildings	_____	NA	_____
(E) Shopping centers/Malls/Retail	_____	NA	_____
(F) Industrial/Manufacturing/Warehouses	_____	NA	_____
(G) Other: _____	_____	_____ units	_____
Real estate sales income	Amount of Number of Gross Income Past 12 Months)	Projected Units	Gross Income (Next 12 Months)
(H) Residential sales:	_____	_____ units	_____
(H) Commercial sales:	_____	_____ units	_____

Only answer 7a and 7b if the applicant derives more than 50% of their income from residential management. (A, B and C above)

7a. What percentage of the units managed is the applicant involved with the placement of tenants? \_\_\_\_\_

7b. What is the average individual unit value of the property at the managed location(s)? \_\_\_\_\_  
 (Please do not provide monthly rental fee)

8. Has the applicant, predecessor firm or any affiliated company at any time in the past or present engaged in any business venture outside the scope of a property management or real estate organization, including but not limited to construction, property development or asset management?  Yes  No  
If "Yes," please provide full details including the amount of income from these activities: \_\_\_\_\_
9. Does the applicant have an ownership interest in the properties managed?  Yes  No  
If "Yes," please provide full details on separate sheet.
10. Is the applicant selling, managing or leasing property they or any related entity developed or constructed?  Yes  No  
If so, what percentage of income is derived from these services? \_\_\_\_\_
11. Does the applicant organize real estate investment trusts for the purpose of investing in real estate?  Yes  No  
Please provide full details on separate sheet.
12. Is more than 10% of income derived from the management of foreclosed properties/receivership services?  Yes  No
13. a. Describe your contract usage:  Always Used  Sometimes Used  Never Used  
b. Does the Applicant's contract contain both a hold harmless and indemnification clause?  Yes  No  
c. Does the Applicant's contract clearly define the scope of services that are being performed?  Yes  No
14. For all properties required to be in compliance, are all properties in full compliance with statutory and regulatory requirements for persons with a physical handicap?  Yes  No
15. Is more than 25% of the applicant's income from properties financed by Housing and Urban Development (HUD) or any government subsidized housing program? (Not applicable in CA, CT, DC, ME, MA, MN, ND, NJ, OK, OR, UT, VT, WI.)  Yes  No

**II. CURRENT INSURANCE**

Errors and Omissions

Insurance Co.	Policy Period	Limit of Liability	Premium	Retroactive Date	Deductible
_____	_____	_____	_____	_____	_____

Tenant Discrimination Insurance Co.	Policy Period	Limit of Liability	Premium	Retroactive Date	Deductible
_____	_____	_____	_____	_____	_____

Employment Practices Liability Insurance Co.	Policy Period	Limit of Liability	Premium	Retroactive Date	Deductible
_____	_____	_____	_____	_____	_____

16. During the past five years has any insurance carrier canceled or refused renewal of similar insurance on behalf of this applicant, predecessor firm or anyone for whom this insurance will apply? (Missouri applicants need not answer this question).  Yes  No  
If "Yes," please explain: \_\_\_\_\_

**III. CLAIM HISTORY**

17. In the last five years, has any claim, suit, inquiry, complaint, notice of charge or notice of hearing related to the coverage applied for, including but not limited to actions involving (1) errors and omissions, (2) discrimination, or harassment (3) Fair Housing Act violations (4) wrongful eviction/personal injury (5) Employment Practices, or (6) Wrongful Termination, been made or brought against the Applicant or any entity or person proposed or this insurance. If "Yes," please complete the USLI Claim Supplement.  Yes  No
18. Is the applicant or any entity or person proposed for insurance aware of any fact, circumstance, allegation, contention, incident, threat or situation which may result in a claim, suit inquiry, complaint, notice of charge or notice of hearing related to coverage applied for including but not limited to one or more or actions described in Question 15, above? If "Yes," please complete the USLI Claim Supplement.  Yes  No
19. Has any person proposed for insurance had their license revoked, suspended, been fined or been subject to any disciplinary action or investigation by any real estate association, state licensing board or other regulatory body. If "Yes," please provide an explanation, including the date of the occurrence, a copy of findings by the regulatory body, and the outcome of the disciplinary action or lawsuit. \_\_\_\_\_  Yes  No
20. Have you initiated litigation against any of your clients in the past five years?  Yes  No  
(If Yes, advise how many times you have initiated litigation in the past five years along with details for each.) \_\_\_\_\_

**IV. PREMISES PREFERRED GENERAL LIABILITY AND BUSINESS PERSONAL PROPERTY**

21. Applicant's location address, including suite number. Please be sure to indicate the zip code. \_\_\_\_\_
22. Is the office located at the site of a managed location?  Yes  No
23. Do you own the building where the office is located?  Yes  No
24. Gross square footage your business occupies: \_\_\_\_\_

25. Business personal property limit (contents): \_\_\_\_\_
26. Property protection class (1-10): \_\_\_\_\_
27. Building construction (please check one):
- Frame - Building is made from wood frame (2x4's/veneers).
  - Joisted masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
  - Masonry non-combustible - Same as joisted masonry, except roof is steel.
  - Fire resistive - Structural steel framing, reinforced concrete outside/load bearing walls.
28. a. Aluminum wiring:  Yes  No
- b. Functioning fire/Smoke alarms:  Yes  No
- c. Burglar alarms:  Yes  No
29. Is the electrical system connected to circuit breakers?  Yes  No
30. Are there any general liability claims, specific to the applicant's office, paid or pending in the past three years?  Yes  No  
If "Yes," please list (by year): \_\_\_\_\_
31. Are there any property claims specific to the applicant's office, paid or pending in the past three years?  Yes  No  
If "Yes," please list (by years): \_\_\_\_\_
- Auto Liability Coverage for Hired or Non-owned Autos - (Complete only if seeking this coverage)
32. Does organization have a motor vehicle liability insurance policy in place?  Yes  No
33. Does organization own any motor vehicles or lease any motor vehicles on a long term basis (greater than 30 days)?  Yes  No
34. Does organization use hired or non-owned vehicles with passenger capacities exceeding 15 passengers?  Yes  No
35. Does organization require evidence of insurance from employees, independent contractors and volunteers?  Yes  No
36. Does organization require a minimum of \$100,000 CSL or \$100,000/\$300,000/\$50,000 personal auto liability limits from employees, independent contractors, and volunteers?  Yes  No
37. Number of drivers: \_\_\_\_\_
38. Average driving frequency per week by drivers:  Once  2-3 times  Daily

#### FRAUD STATEMENTS

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Colorado Fraud Statement:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 Fraud Statement: WARNING:** 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 Fraud Statement:** 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.

**Florida Notice: (Applies only if policy is non-admitted)** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Kentucky Fraud Statement:** 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 Fraud Statement:** 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. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days

notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**Ohio Fraud Statement:** 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.

**Ohio Notice:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

**Oklahoma Fraud Statement:** 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 Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania Fraud Statement:** 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 and Virginia Fraud Statement:** 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.

**Utah Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

**Vermont Fraud Statement:** 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 may be subject to fines and confinement in prison.

**Virginia Fraud Statement:** Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Utah Fraud Statement:** 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.

**Washington Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Main agency phone number: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New York Fraud Statement:** 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.

Applicant's signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Officer of the Board or Property Manager

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I represent that the information provided in this application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Maine Exception: The insurer is not permitted to withdraw any binder issued for applicants in the state of Maine.