

# RESIDENTIAL PROPERTY MANAGER APPLICATION

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Does the applicant perform any of the following services? **(If yes to any, risk is ineligible)**

- |                                 |     |    |
|---------------------------------|-----|----|
| • Mortgage services             | Yes | No |
| • Real Estate Investment Trusts | Yes | No |
| • Home inspections              | Yes | No |

Is the Insured Contractually responsible for armed security services? Yes No **(If yes, risk is ineligible)**

Does the applicant manage any of the following types of properties? **(If yes to any, risk is ineligible)**

- |                     |     |    |
|---------------------|-----|----|
| • 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. Annual Receipts

Last 12 months: \$ \_\_\_\_\_ Anticipated receipts for the upcoming year: \$ \_\_\_\_\_

### 2. Management fees % breakdown between: Residential \_\_\_\_\_% Commercial \_\_\_\_\_%

If any commercial property management, what are the Occupancies?

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

### 3. List of locations managed or attach a schedule.

(1) \_\_\_\_\_  
(2) \_\_\_\_\_ (3) \_\_\_\_\_  
(4) \_\_\_\_\_ (5) \_\_\_\_\_

### 4. Does property manager live on premises? Yes No

## General Liability Questions

1. 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, risk is ineligible)**

### 2. What percentage of the applicant's residential management income comes from the following occupancies:

HUD/Subsidized housing? \_\_\_\_\_% **(If over 10%, risk is ineligible)**

Student housing? \_\_\_\_\_% **(If over 25%, risk is ineligible)**

Elderly? \_\_\_\_\_%

3. Are any buildings managed over 5 stories? Yes No **(If yes, risk is ineligible)**

4. Are any buildings managed between 4 and 5 stories? Yes No  
If so, are these buildings 100% sprinklered? Yes No **(If no, risk is ineligible)**

5. Do total number of units managed exceed 500? Yes No **(If yes, risk is ineligible)**

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6. If managing properties with pool exposures, please confirm the following: **(If no to any, risk is ineligible)**

- 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 ineligible)**

7. 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

8. 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

9. Does the insured provide any structural alterations to any of the properties?    Yes    No

10. Any General Liability losses in the past 5 years?    Yes    No    **(If "YES" Describe)**

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_