

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Supplemental
Application
For
Real Estate Property Managers

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Applicant's Web Site Address: _____

Limits of Liability Requested: 300/600 500/1000 1000/2000 2000/2000
 Individual Corporation Partnership Other

If other, please explain: _____

Gross Sales: _____ Total Payroll _____

Date Business Established _____ How long under present management: _____

Years of property management experience: _____

1. Does applicant carry Errors & Omissions Coverage? Yes No
2. Has applicant or any past, present staff member had their license revoked or been subject to disciplinary action or investigation by any State Licensing Board or other regulatory body? Yes No

If yes, please provide details: _____

3. Is the applicant or anyone for whom the insurance will apply aware of any:
 - General liability claims made against them in the past five years? Yes No
 - Fact, circumstance, situation, act or omission which might reasonably be expected to be a basis of a claim or suit against them? Yes No

If yes, advise details, including date of occurrence: _____

4. Does applicant own any properties they manage? Yes No
If yes, provide details: _____

5. What type of properties does applicant manage? Residential _____% Commercial _____%
 - a. If applicant manages apartment buildings, number of units? _____
 - b. If applicant manages commercial space, total area? _____

6. List and describe properties applicant manages: _____

7. Do the properties the applicant manages have their own General Liability Insurance coverage? Yes No
8. Does applicant obtain certificates of insurance from property owners? Yes No
9. Is there a property management agreement between the applicant and the properties the applicant manages? **If yes, copy of that agreement.** Yes No

10. Does applicant hold owners harmless in management contracts? Yes No
11. Is the applicant involved with maintenance, cleaning or repair work of managed properties? Yes No

If yes, employee payroll: _____ If using subcontractors, cost: _____

12. Does applicant provide any security staffing? Yes No Armed Unarmed
If yes, employee payroll: _____ If using subcontractors, cost: _____

13. Are subs required to provide certificates of insurance with limits equal to applicant's GL limits? Yes No
14. Does applicant ever use uninsured subcontractors? Yes No
15. Is there a hold harmless agreement between applicant and subcontractors that is in favor of applicant? Yes No

16. Name and Phone Number of contact for inspection/audit: _____

Applicant's Signature _____ Date _____