

## **REAL ESTATE OPERATIONS**

## SUPPLEMENTAL APPLICATION

Applicant:						
1.	Please complete the appropriate sections stating the annual gross corfees earned during the last twelve months:			and/or		
	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 Independent contractors.  If independent contractors, please provide us with a sample contract.					
		ase 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?
		If YES, please explain:
	d.	Are you responsible for negotiating, effecting or maintaining
		insurance coverage on properties managed? YES NO NO
	ſ	If YES, please explain:
	Į	
	e.	Indicate percentage of management fees derived from commercial property:
	_	Commercial % Residential %
4.		es the applicant or any person for whom insurance is being uested have any ownership or equity interest in any property
	beir	ng managed or held for sale?
		ES, please attach a schedule of such properties and interests.
5.		you offer any home warranty/protection plans?  YES NO
_		ES, please advise name of plans and percentage of transactions involving such plans.
6.	Do y clair	you have procedures in place designed to prevent fair housing ms?  YES NO
7.	Do	you wish to have a quote including fair housing coverage?  YES  NO
It is understood and agreed that this s	upplei	mental application shall become a part of the application for Professional Liability Errors
and Omissions Insurance.		The state of the s
Name of applicant:		
Traine of applicant.		
Signature of person authorized to exe	cute o	on behalf of the applicant: Date:

A copy of this application should be retained for your records.