

Property Managers and Real Estate Lessors E&O Program Application

Section One – Application for Property Managers and Real Estate Lessors E&O

1. Name of Applicant: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail: _____
Web Site: _____ No. of years in business: _____
Is firm: Corporation Partnership Individual LLC Other

Total annual revenue for Property Management/Leasing Services: \$_____

For questions 2-5, if the answer is “YES”, coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the “Yes” answers.

2. Does the Applicant desire E&O coverage for services other than Property Management, Leasing and Owner Representation Services? Yes No
3. Does the Applicant own greater than 25% of managed/leased properties? Yes No

Claim History:

4. Have any claims, suits, or demands been made against the Applicant, a predecessor firm, any past or present principals, partners, officers, or employees within the past five (5) years? Yes No
5. After inquiry with all principals, partners and officers, is the Applicant aware of any dispute, error, omission, act, circumstance or fact that is, or could reasonably be expected to become, a claim under the policy for which this Application is submitted to the Underwriters? Yes No

For questions 6-11, if the answer is “No”, coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide the details for the “No” answers.

6. Does the Applicant firm have written policies in place designed to prevent Fair Housing claims? Yes No
7. Do the Applicant’s facilities have access for the disabled in compliance with A.D.A? Yes No
8. Does the Applicant store less than 50,000 personally identifiable customer and employee records? Yes No
9. If the Applicant stores personal information on portable devices, including laptops, cell phones, PDA’s and external hard drives, is such data encrypted to industry standards? Yes No

If you do not store personal information on portable devices, check here: N/A

10. Does the Applicant use anti-virus software and firewall protection on all desktops & portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations? Yes No

11. a) $\frac{\text{Number of Residential Unites Managed/Owned}}{\text{Commercial square footage Managed/Owned}} \div 700 = \text{total units}$

b) Is the total number of units less than 300? Yes No

12. a) Please list the Applicant's Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Retention	Premium

b) Does the current policy have a prior acts limitation or retroactive date? Yes No

If "Yes", please indicate date: _____

Section Two - Notice to the Applicant

- A. The Applicant represents that the statements set forth herein are true and complete, and any documents submitted in connection with this Application are true and complete.
- B. The Applicant acknowledges that this Application and any documents submitted in connection with this Application are the basis of insurance and will be deemed attached to and made a part of the policy, should a policy be issued.
- C. The Applicant further represents that, if the information supplied on this Application changes between the date of the Application and the inception date of the insurance (if a policy is issue), the Applicant will immediately notify the underwriter of such a change(s). The insurer may modify or withdraw coverage

Signed: _____ Date: _____
Authorized signature of a Principal or Officer

Print Name: _____ Title: _____
(Must be signed and dated no more than 45 days prior to binding)