



I. APPLICATION INSTRUCTIONS AND NAME OF APPLICANT

Whenever used in this Questionnaire, the term "**Applicant**" shall mean the Parent Corporation and all subsidiaries, unless otherwise stated.

Name of **Applicant**: _____

II. SPECIFIC COVERAGE INFORMATION

1. Please provide a listing of the top five properties managed by the **Applicant**:

<u>Location</u>	<u>Type of Property</u>	<u>Est. Value of Property</u>	<u>Ownership (Y/N)</u>	<u>% Equity</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Please attach a sample copy of the **Applicant's** standard property management agreement/contract with property owner(s).

3. Is the **Applicant** responsible for hiring or providing security and developing emergency procedures?
 Yes ___ No ___ If 'Yes', please attach a description.

4. Does the **Applicant** guarantee minimum occupancy levels? Yes ___ No ___

5. Does the **Applicant** have written guidelines governing the entry of occupied premises/eviction of tenants?
 Yes ___ No ___ If 'Yes', please attach a copy.

6. Does the **Applicant** place insurance on any properties? Yes ___ No ___

7. Does the **Applicant** engage in construction or renovation activities on behalf of owners? Yes ___ No ___
 If 'Yes', please describe the largest project in past three years and include the construction value of work performed. In addition, please provide a copy of the **Applicant's** standard contract with vendors/contractors.

III. SIGNATURE

This Questionnaire must be signed by an officer of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature

Title
