

AXIS® PRO MPL SOLUTIONS

REAL ESTATE OPERATIONS SUPPLEMENT

- Name of the **Applicant's** firm:
- Please complete the appropriate sections stating the annual gross commissions and/or fees earned by the **Applicant** during the last twelve months from:

	<u>REVENUE</u>	<u>NUMBER OF TRANSACTIONS</u>
a. Real Estate Sales/Brokerage	\$	
b. Real Estate Property Management	\$	
Types of Properties Managed:		
c. Commercial Space Leasing	\$	
d. Real Estate Appraisals	\$	
e. Mortgage Brokerage/Banking	\$	
f. Real Estate Consulting	\$	
Describe type of consulting:		
g. Syndication/Partnerships	\$	
(Attach sample offerings, agreements, descriptions of activities.)		
h. Property Development and/or Construction	\$	
i. Business Opportunities Brokerage	\$	
TOTAL	\$	

- Indicate the percentage of the **Applicant's** total income derived from the following:

Commercial	_____%	Agricultural	_____%
Residential	_____%	Undeveloped Land	_____%
Industrial	_____%	Other	_____%

- Please give a breakdown of the **Applicant's** sales personnel between employees and independent contractors: (Please enclose a sample contract used with Independent Contractors.)

of Employees: _____
 # of Independent Contractors: _____

- If the **Applicant** manages properties of others, please forward a representative contract and answer the following:

- Is a budget prepared for each property managed? Yes No
If no, why not?
- Does the **Applicant** obtain credit reports on prospective tenants? Yes No
If yes, describe procedure.
- Is the **Applicant** responsible for negotiating, effecting or maintaining insurance coverage on properties managed?
 Yes No If yes, describe the extent of the **Applicant's** involvement or services in this area.

- Does the **Applicant** or any of the **Applicant's** direct relatives or affiliated/subsidiary entities, have any ownership or equity interest in any property being managed or held for sale? Yes No

If yes, please attach a schedule of such properties and describe the **Applicant's** interest.

Also, advise total revenues received from such properties annually:

- Please complete the following if the **Applicant** performs property appraisals: (Please relate answer to Item 2.d. above.)

- What percentage of the **Applicant's** total estimated commissions/fees for the next year does the **Applicant** anticipate to be derived from appraisals for:

Private Individuals:	_____%	Attorneys:	_____%
Banks:	_____%	Municipalities:	_____%
Insurance Companies:	_____%	Other:	_____%

- What is the estimated number of appraisals the **Applicant** will perform during the next year for the following type of properties/projects? (If none are anticipated, please indicate so.)

1-4 Family Residences	_____	Industrial Facilities	_____
Multi-Family Residences	_____	Agricultural Properties	_____
Undeveloped/Vacant Land	_____	Property Syndication	_____
Shopping Centers/Malls	_____	Development Projects	_____
Office Building	_____	Portfolio Valuations	_____
Other Commercial Properties	_____		

8. Are there any other companies who own any percentage of the **Applicant's** company, does the **Applicant** own any percentage of any other company or is the **Applicant** in any other way affiliated with any other company? Yes No
- If yes, advise who they are and explain the nature and extent of the relationship(s).
 - For which of these does the **Applicant** wish to extend coverage?
9. Does the **Applicant** have any written or oral agreements or understandings with any other company that involves the referral of business to or from the **Applicant's** company? Yes No
- If yes, advise who they are and explain the nature and extent of the agreements or understandings.
 - If yes, advise if and how any compensation is exchanged under the agreements or understandings.
 - If yes, advise whether the relationships between the companies are disclosed to the individuals involved in the transactions involving these referrals.
 - Please indicate if any such written agreements and/or any such disclosures have been reviewed by an attorney.
10. Is the **Applicant** a party to an "affiliated business arrangement" as defined by the Real Estate Settlement Procedures Act? Yes No

THE REAL ESTATE SETTLEMENT PROCEDURES ACT DEFINES "AFFILIATED BUSINESS ARRANGEMENT" AS AN "ARRANGEMENT IN WHICH (A) A PERSON WHO IS IN A POSITION TO REFER BUSINESS INCIDENT TO OR A PART OF A REAL ESTATE SETTLEMENT SERVICE INVOLVING A FEDERALLY RELATED MORTGAGE LOAN, OR AN ASSOCIATE OF SUCH PERSON, HAS EITHER AN AFFILIATE RELATIONSHIP WITH OR A DIRECT OR BENEFICIAL OWNERSHIP INTEREST OF MORE THAN ONE PERCENT IN A PROVIDER OF SETTLEMENT SERVICES; AND (B) EITHER OF SUCH PERSONS DIRECTLY OR INDIRECTLY REFERS SUCH BUSINESS TO THAT PROVIDER OR AFFIRMATIVELY INFLUENCES THE SELECTION OF THAT PROVIDER."

- If yes, advise who the parties to the arrangement are, and describe the nature of the arrangement.
- If yes, advise whether "Affiliated Business Arrangement Disclosure Statements" are provided to the persons being referred. Yes No If yes, please provide a copy of such disclosure.
- If yes, advise whether the persons being referred are required to use any particular provider of real estate settlement services.
- If yes, advise what money or other thing of value is exchanged under the affiliated business arrangement.

THIS REAL ESTATE OPERATIONS SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE AXIS® PRO MPL SOLUTIONS APPLICATION OR PART OF ANOTHER COMPANY'S APPLICATION, IF ACCEPTED BY THE COMPANY.

REPRESENTATIONS:

By signing this supplement, the Applicant agrees that:

- The statements and answers given in this supplement and any attachments to it are accurate and complete;
- The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
- Those representations are a material inducement to the **Company** to provide a proposal for insurance;
- Any policy the **Company** issues will be issued in reliance upon those representations;
- The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this supplement that occur or are discovered between the date of this supplement and the effective date of any policy, if issued; and
- The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER: Producer Name: City, State: Telephone No.:		WHOLESALE PRODUCER: Producer Name: City, State: Telephone No.:	
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BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): _____

NOTICE TO ARKANSAS APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS:

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS:

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS:

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS:

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO RHODE ISLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.