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Property Management Supplemental Application

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____

2. List all states in which the Applicant operates: _____

3. Is the Applicant involved in any activity other than Property Management? Yes No

If "Yes," please explain: _____

4. a. Is a budget plan prepared for each property managed? Yes No

b. Is the Applicant involved in space merchandising? Yes No

c. Are credit reports obtained on prospective tenants? Yes No

d. Is the Applicant responsible for negotiating, effecting or maintaining insurance coverages on the properties managed? Yes No

5. Indicate the percentage of total gross income derived from the following:

Commercial: _____

Residential: _____

Industrial: _____

Other (describe): _____

Total: _____ 100% _____

6. Does the Applicant or any person for whom coverage is being requested have any ownership or equity interest in any property being managed? Yes No

7. Does the Applicant firm utilize an in-house policy/procedures manual? Yes No

8. Does the Applicant firm have written policies in place designed to prevent fair housing claims? Yes No

IT IS WARRANTED THAT THE PARTICULARS AND STATEMENTS CONTAINED IN THE APPLICATION FOR THE PROPOSED POLICY AND ANY MATERIALS SUBMITTED HERewith (WHICH SHALL BE RETAINED ON FILES BY UNDERWRITERS AND WHICH SHALL BE DEEMED ATTACHED HERETO, AS IF PHYSICALLY ATTACHED HERETO), ARE THE BASIS FOR THE PROPOSED POLICY AND ARE TO BE CONSIDERED AS INCORPORATED INTO AND CONSTITUTING A PART OF THE PROPOSED POLICY

Print Name of Insured, Owner, Partner or Principal Title

Signature Date