



**PHILADELPHIA INSURANCE COMPANIES
 ONE BALA PLAZA, SUITE 100
 BALA CYNWYD, PA 19004**

**PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS
 PROPERTY MANAGER SUPPLEMENT**

Instructions:

- A. Please answer **ALL** the questions. If more space is required to answer a question, continue on applicant's letterhead.
 B. This supplement must be signed and dated by a principal, partner, officer of the prospective insured's organization and will be attached to the policy, should one be issued.

1. Name of Applicant:

2. Gross Income from real estate activities:

	STAFF		RECEIPTS	
	FULL TIME/	PART TIME	CURRENT	PROJECTED
Residential Real Estate	_____ / _____	_____	_____	_____
Farm and/or Ranch Commissions	_____ / _____	_____	_____	_____
Commercial/ Industrial Commissions	_____ / _____	_____	_____	_____
Real Estate Leasing Fees (Property NOT Managed)	_____ / _____	_____	_____	_____
Real Estate Consulting Fees	_____ / _____	_____	_____	_____
Real Estate Appraisal Fees**	_____ / _____	_____	_____	_____
Property Management Fees (Non-owned)	_____ / _____	_____	_____	_____
Property Management Fees (Owned)	_____ / _____	_____	_____	_____
Mortgage Brokerage (Not Mortgage Banking/ Lending)**	_____ / _____	_____	_____	_____
Auctioneering**	_____ / _____	_____	_____	_____

**If over 25% of receipts, a separate supplemental application is required.

Note: Staff includes principals and partners. All Staff personnel should be included only once.

3. Does your firm, it owners, or principals engage in any of the following? YES_____ NO_____ If yes, provide complete details, including receipts.

	YES_____	NO_____	Receipts _____
Real Estate Development/ Construction	YES_____	NO_____	_____
Mortgage Banking	YES_____	NO_____	_____
Formation, Management, or Involvement as a Partner, Joint Venture, Sponsor, Promoter, or Underwrite of Group Investments or Syndication's (including limited partnerships, general partnerships, real estate investment trust or corporations.)	YES_____	NO_____	_____
Business Opportunity Brokerage	YES_____	NO_____	_____

4. Do you or any member of your firm have any ownership or equity interest in any of he property that is:
 a. Sold by the firm? YES_____ NO_____

b. Managed by the firm? YES_____ NO_____

If yes to either a. or b. above, attach a schedule of such property, including the type of service provided, the percent of interest in the property, and the total gross receipts derived from those services.

5. Are you involved in Mobile Home Park Management? If yes, please explain.

6. Are you involved in Farm/Ranch Management? If yes, please explain.

7. Do you prepare a budget for each property managed? YES_____ NO_____

8. Do you obtain a credit report for each prospective tenant? YES_____ NO_____

9. Do you confirm that the owner of the property managed carries comprehensive general liability coverage with limits of at least \$1,000,000? YES_____ NO_____

Are certificates of insurance obtained on all properties? YES_____ NO_____

Are certificates of insurance obtained on all subcontractors working on your properties? YES_____ NO_____

10. Do you assume responsibility for maintaining Insurance coverage on properties managed? If yes, please explain.

11. Do you provide security services? YES_____ NO_____

If yes, please explain what types of services you offer.

12. Would you like a sub-limit for Discrimination Defense/Indemnity? If yes, what limit would you like?

\$100,000_____

\$250,000_____

\$500,000_____

It is understood that this supplemental application becomes part of the Errors and Omissions Coverage.

WARNING: ANY PERSON WHO KNOWINGLY AND WITH THE 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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE 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 FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 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.

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

Name: _____ Title: _____
(PLEASE PRINT)

Date: _____ Signature: _____
(PLEASE PRINT)

ExecutivePerils

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