



## **Property Managers Product**

## PROPERTY MANAGERS PACKAGE SUPPLEMENT

Please complete all sections of this application and have signed by the applicant.

| SECTION I. | WRONGFU | L EVICTION/F | PERSONAL INJURY |
|------------|---------|--------------|-----------------|
|------------|---------|--------------|-----------------|

| JL  | CTION I. WRONGFUL EVICTION/FERSONAL INJUNT   |              |              |  |    |  |  |  |
|---|--|--------------|--------------|--|----|--|--|--|
| 1.  | Is the applicant or anyone for whom this insurance will apply aware of any:  |              |              |  |    |  |  |  |
|   | a. Wrongful eviction/personal injury claim made against them in the past 5 years?                                    | ☐ Yes        | ☐ No         |  |    |  |  |  |
|   | b. Fact, circumstance, act or omission, which might reasonably be expected to be the basis of                        |              |              |  |    |  |  |  |
|   | of a wrongful eviction/personal injury claim or suit against them?   | ☐ Yes        | ☐ No         |  |    |  |  |  |
| SE  | CTION II. PREMISES PREFERRED   |              |              |  |    |  |  |  |
| 2.  | Need applicant's complete location address. Please be sure to indicate the zip code.                                 |              |              |  |    |  |  |  |
| 3.  | Is the office located at the site of a managed location?   | ☐ Yes        | □ No         |  |    |  |  |  |
|   | If yes, please provide the exact address (including unit number) of the applicant's office:                          |              |              |  |    |  |  |  |
| 4.  | Do you own the building where the office is located?   | □ Yes        |              |  |    |  |  |  |
| ٦.  | If yes, please answer the following questions:   | <b>1</b> 163 | <b>-</b> 110 |  |    |  |  |  |
|   | a. Is building coverage desired?   | ☐ Yes        | □ No         |  |    |  |  |  |
|   | b. What is the total square footage of the building?   |              |              |  |    |  |  |  |
|   | c. What are the other occupancies?   |              |              |  |    |  |  |  |
|   |  |              |              |  |    |  |  |  |
|   |  |              |              |  |    |  |  |  |
| 5.  | Any General Liability claims paid or pending in the past 3 years?  | ☐ Yes        | ☐ No         |  |    |  |  |  |
|   | If yes, please list (by year):   |              |              |  |    |  |  |  |
| 6.  | Any Property claims paid or pending in the past 3 years?   | ☐ Yes        | ☐ No         |  |    |  |  |  |
|   | If yes, please list (by years):  |              |              |  |    |  |  |  |
| 7.  | Business Personal Property Limit (contents):   |              |              |  |    |  |  |  |
| 8.  |  |              |              |  |    |  |  |  |
| □ Frame - Building is made from wood frame (2x4's/veneers). □ Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood. □ Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel. |  |              |              |  |    |  |  |  |
|   |  |              |              |  | •  | ☐ Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls. |  |  |
|   |  |              |              |  | 9. | Property Protection Class (1-10):  |  |  |
|   | . Gross square footage your business occupies:   |              |              |  |    |  |  |  |
| 11.   | a. Aluminum Wiring:  |              |              |  |    |  |  |  |
|   | b. Functioning Fire/Smoke Alarms:  |              |              |  |    |  |  |  |
| 40  | c. Burglar Alarms: ☐ Yes ☐ No . Is the electrical system connected to circuit breakers?                              |              | - N          |  |    |  |  |  |
|   | ☐ Yes  | □ No<br>□ No |              |  |    |  |  |  |
| 13. Does the owner(s) of all the managed properties maintain General Liability Coverage?  |  |              |              |  |    |  |  |  |
| PLEASE NOTE: It is a condition of this insurance that General Liability Coverage (including Personal and Advertising  |  |              |              |  |    |  |  |  |
|   | Injury) with at least \$500,000 Limit of Liability is carried by the Property Owner for each property managed by the | ie irisurea. |              |  |    |  |  |  |
| Qi.   | gnature of the Applicant of the Insured:   | a·           |              |  |    |  |  |  |
| SIG   | gnature of the Applicant of the Insured: Date (Must be signed by a P.rincipal, Partner or Officer of the Firm)       | <del>.</del> |              |  |    |  |  |  |

PM SUPP 6/06 page 1 of 1