



United States Liability Insurance Group

Property Managers

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name of Applicant: _____
 Address: _____
 List complete addresses of all additional offices on a separate sheet; if none check here:
 Web Site: _____
 Contact Name: _____ Phone#: _____ Fax #: _____

2. Date Business was established: _____ Years of Property Management Experience of Principal / Partner: _____

3. Is Applicant applying for coverage as a: Corporation Partnership LLC Sole Proprietorship Individual

4. Please list all Applicant's Professional Designations: _____

5. Total number for each category (list each person only once, identifying their primary area of responsibility).

	FULL TIME	PART TIME
Property Managers	_____	_____
Real Estate Agents	_____	_____
Appraisers	_____	_____
Clerical	_____	_____
Reserve Study Personnel	_____	_____
Other(_____)	_____	_____

6.a. Income from Property management services or leasing in the last 12 months:

	Amount of Commission Income	Number of Units/Square Footage	Projected Commission Income
(A) Condo/Homeowner Association Management	_____	_____ units	_____
(B) Apartment/Cooperatives	_____	_____ units	_____
(C) Vacation Properties/Individual Home Management	_____	_____ units	_____
(D) Office Buildings	_____	_____ sq. feet	_____
(E) Shopping Centers/Malls	_____	_____ sq. feet	_____
(F) Industrial/Manufacturing/Warehouses	_____	_____ sq. feet	_____
(G) Other: _____	_____	_____	_____
TOTALS	_____	_____	_____

Only answer 6b and 6c if the Applicant derives more than 50% of their income from residential management (A, B and C above)

6.b. What percentage of units managed is Applicant involved in placement of tenants? _____

6.c. What is the average individual unit value of the property under management? _____

7. Has Applicant, Predecessor Firm or any affiliated company at any time in the past or present engaged in any business venture outside the scope of a Property Management or Real Estate Organization, including but not limited to construction, property development or asset management? Yes No If Yes, please provide full details including the amount of income from these activities:

8. Does the applicant organize group investments, syndications, Real Estate Investment Trusts, or limited partnerships for the purpose of investing in real estate? Yes No If Yes, please provide full details on separate sheet.

9. Do you have an ownership interest in any of the properties you manage? Yes No If Yes, please provide a list, on a separate sheet, of all the properties that applicant has an ownership interest in and the percentage of ownership they have in each.

10. Are any changes in the size of the applicant's operations, in excess of 25%, anticipated over the next 12 months?
 Yes No If Yes, please provide details on a separate sheet.

11. Does your firm currently carry General Liability Insurance? Yes No
(Copy of the Declarations Page will be required prior to binding.)

ACTIVITY OTHER THAN PROPERTY MANAGEMENT

12. Other Income. Applicant's Gross Revenue for the past 12 months (all fees and commissions before expenses, including any fees, commissions, or bonuses payable to employees and independent contractors). Indicate gross revenue derived from the sale of property, NOT the value of properties sold.

Description	Gross Income Last 12 Months	Number of Transactions	Projected Income Next 12 Months
Residential Sales*	\$ _____	_____	\$ _____
Commercial Sales	\$ _____	_____	\$ _____
Real Estate Appraisal Fees (complete Appraisers Addendum if over 35%)	\$ _____	_____	\$ _____
Other (Describe _____)	\$ _____	_____	\$ _____
TOTALS	\$ _____	_____	\$ _____

* Residential Real Estate means any property containing a single-family dwelling or multiple-family dwellings of up to 4 units. Any properties with more than 4 units are considered commercial.

CURRENT E&O INSURANCE

13. Insurance Co. _____ Policy Period _____ Limit of Liability _____ Premium _____ Retroactive Date _____ Deductible _____

(a) _____

(b) How many years has an E&O policy been in place without any lapses in coverage? _____

(c) Has the applicant ever purchased an extended reporting period endorsement? Yes No
If Yes, please explain on a separate sheet.

(d) During the past 5 years has any insurance carrier declined, canceled or refused renewal of similar insurance on behalf of this applicant, predecessor firm or anyone for whom this insurance will apply? (Missouri applicants need not answer this question).
 Yes No If Yes, please explain: _____

14. Has the applicant or any past or present staff member had their license revoked, or been subject to disciplinary action or investigation by any State Licensing Board or other regulatory body? Yes No If Yes, please advise details, date of occurrence and copy of findings by Regulatory body.

15. Is the applicant or anyone for whom this insurance will apply aware of any:

(a) Professional Liability claim made against them in the past 5 years? Yes No

(b) Fact, circumstance, situation, act or omission which might reasonably be expected to be the basis of a claim or suit against them?
 Yes No
If "Yes", to any of 15 (a) or (b) please complete the Supplemental Claim Form.

TENANT DISCRIMINATION COVERAGE DETAILS

16. Are all properties in full compliance with statutory and regulatory requirements for persons with physical handicap? Yes No

17. Is more than 25% of the applicant's income from properties financed by Housing and Urban Development (HUD)? Yes No

18. Does the organization currently carry Tenant Discrimination Coverage? Yes No
If Yes, please advise Insurance Co., Limit of Liability, expiring premium and date from which this coverage has been continuously carried: _____

19. Is the applicant or anyone for whom this insurance will apply aware of any:

(a) Claim alleging Discrimination or violation of any Fair Housing Act 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 a claim or suit against them?
 Yes No
If "Yes", to any of 19 (a) or (b) please complete the Supplemental Claims Form.

EMPLOYMENT PRACTICES COVERAGE DETAILS

20. Total number of Employees of the Applicants Firm: Full time? _____ Part time? _____
Total number of superintendents and maintenance staff who are employed by the owner of the property being managed. Do not include independent contractors. Full time? _____ Part time? _____

21. Has there been any reduction of employees in the past 12 months or is a reduction anticipated in the next 12 months?
 Yes No If Yes, attach details including percentage.

22. Does the Organization currently carry Employment Practices Liability Insurance? Yes No
If Yes, please advise Insurance Co., Limit of Liability, expiring premium and date from which this coverage has been continuously carried: _____

23. Within the past 5 years has the Organization or any individual proposed for Insurance received any employment related inquiry, complaint or notice of hearing from any Municipal, State or Federal Regulatory Authority or Congressional or Legislative Committee (Including, but not limited to, Equal Employment Opportunity Commission (E.E.O.C.) and State Human Rights cases)? Yes No

24. Within the past 5 years, has any employment related claim been made, or is any employment related claim of Sexual Harassment, Discrimination or Wrongful Termination now pending, against the Organization, or any person proposed for Insurance in the capacity of either Director, Officer, or Employee of the Organization? Yes No

25. Is any person proposed for this Insurance aware of any fact, circumstance or situation which may result if an employment claim including, but not limited to, Sexual Harassment, Discrimination, or Wrongful Termination against the Organization or any of its Directors, Officers, or Employees? Yes No
If "Yes", to any of 23-25 please complete the Supplemental Claims Form.

26. Please complete only if applying for Tenant Discrimination Coverage.

Mandatory Written Policies - please identify if Applicant has in place:

Third Party Discrimination Policy: Yes No

Please forward a copy of the policy identified above along with this signed and dated Application. If you do not have these written policies in place, the Company will provide you with sample policies at the time of binding this insurance.

27. Please complete only if applying for Employment Practices Coverage.

Mandatory Written Policies - please identify if Applicant has in place:

Sexual Harassment Policy (applies to employees and third parties): Yes No
Anti-Discrimination Policy (applies to employees and third parties): Yes No

Please forward copies of the policies identified above along with this signed and dated Application. If you do not have these written policies in place, the Company will provide you with sample policies at the time of binding this insurance.

Recommended Written Policies - please identify policies Applicant has in place:

Employment Application Yes No
Employee Handbook Yes No
Company Email/Internet Policy Yes No

If Applicant has an Employee Handbook, Employment Application, or Company Email/Internet Policy, a copy of each must be forwarded for review by the Company.

As a condition of binding this insurance, the Applicant agrees:

- 1) to implement and distribute to each employee the Mandatory Written Policies identified above which are currently not in place as soon as possible, but no later than 21 days after the inception date of this insurance. Failure of the Company to receive these policies within 21 days after the inception of this insurance will result in the cancellation of this insurance.
- 2) To adopt and distribute to each employee all changes required by the Company of the Applicant's Written Policies as soon as possible, but no later than 21 days after receipt from the Company of the required changes.

Required Information Prior to Binding:

1. Copy of declarations page of Applicant's General Liability Policy.
2. List of all Managed Properties.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements, and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

ARIZONA, PENNSYLVANIA AND OREGON FRAUD STATEMENT: 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 MAY BE SUBJECT TO A CIVIL PENALTY (AND A CRIMINAL PENALTY IF IN PENNSYLVANIA).

UTAH, CONNECTICUT AND OHIO FRAUD STATEMENT: 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.

VIRGINIA FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER, SUBMITS AN APPLICATION FOR INSURANCE OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

FRAUD STATEMENT (ALL OTHER STATES): 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 SUCH VIOLATION.

Signature of the Applicant of the Insured: _____

Must be signed by a Principal, Partner or Officer of the Firm

Date: _____

IF THE PRIMARY ADDRESS OF THE LOCATION LISTED IN ITEM #1 IS IN THE STATE OF NEW YORK, IOWA AND FLORIDA, THE STATE OF NEW YORK, IOWA AND FLORIDA REQUIRE THAT WE HAVE THE NAMES AND ADDRESSES OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER: _____

ADDRESS: _____

AGENT OR BROKER LICENSE NUMBER: _____