

S.M.E. PROFESSIONAL LIABILITY PROPERTY MANAGER SUPPLEMENT



**American Insurance
Professionals** ★ ★ ★ ★ ★
A Division of Norman-Spencer

**NOTICE: This Application is for a CLAIMS-MADE AND REPORTED COVERAGE FORM.
The Coverage Form you are applying for is limited to liability for only those "claims"
that are first made against you and reported to us during the policy period.**

APPLICANT INFORMATION

Name of Applicant: _____

1. Provide your gross revenues for the last 12 months and projected next 12 months. If newly established, please provide an estimate of revenues for the current annual period (Gross revenues are defined as all fees and commissions before expenses, including fees, commissions, and bonuses payable to employees and independent contractors):

	Gross Revenues for Last 12 months	# of Units/Square Footage	% of Ownership
1-4 Family Residential	\$	units	%
Apartments/Condominiums	\$	units	%
Homeowners Associations	\$	units	%
Shopping Centers	\$	Sq Foot	%
Office Buildings/ Commercial	\$	Sq Foot	%
Hotels	\$	Sq Foot	%
Fitness/Health and Wellness Centers	\$	Sq Foot	%
Other:	\$		%

4. Does the Applicant form or organize group real estate investments or syndications (e.g. LPs, REITs), or does the Applicant act as a General Partner for any limited partnerships? ☐ Yes ☐ No
If "Yes", please provide details on separate page.
5. Are standard management and lease agreements used for all properties? ☐ Yes ☐ No
6. Does the Applicant obtain credit reports for prospective tenants? ☐ Yes ☐ No
7. Is the Applicant responsible for procuring insurance coverage on managed properties? ☐ Yes ☐ No
8. Is the Applicant involved in space merchandising? ☐ Yes ☐ No
9. Is the Applicant involved with direct property development or at-risk construction activities? ☐ Yes ☐ No

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

YOU HEREBY DECLARE that the above statements and particulars are true and that you have not suppressed or misstated any material facts, and you agree that this Application will be the sole basis of any subsequent contract or insurance with us. Signature on the Application does not bind you or us to complete the insurance. Application must be signed and dated by principal, partner, officer, or director of the firm.

Date	Signature of Applicant	Title
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PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE COVERAGE FORM. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.