



**REAL ESTATE PROPERTY MANAGED SUPPLEMENTAL (Complete in addition to ACORD App)**

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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**BUSINESS INFORMATION**

- Describe all operations for which coverage is being requested:
- Total annual gross receipts: \$
- Are you involved in the sales of real estate? Yes  No
- Do you have any current or past operation involving residential property development and/or construction projects? If yes, explain in detail: Yes  No
- Does real estate property managed own any buildings managed? Yes  No   
If yes, is primary coverage in place elsewhere? Yes  No
- Do you have Errors and Omissions coverage in place? If yes: Yes  No   
Policy Number: \_\_\_\_\_ Term: \_\_\_\_\_  
Name of Carrier: \_\_\_\_\_
- Do you have a standard management agreement? Yes  No
- Do any of your contracts require you to name the property owner as an additional insured? Yes  No   
If yes, property owners name(s): \_\_\_\_\_
- Do any of your contracts require you to carry primary insurance coverage? Yes  No   
If yes, describe: \_\_\_\_\_
- Do you have the proper license or permit as required by your state? Yes  No   
Indicate any license required: \_\_\_\_\_
- Provide a list of all properties managed including occupancy, number of stories, description of the property, and breakdown of gross receipts per location.

**SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS  N/A**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you require contractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you utilize a standardized contract with all of your contractors?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you require contractors to:   |                          |                          |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own?      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation?              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keep records?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Total cost of work contracted: \$  |                          |                          |

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**IMPORTANT NOTICE  
DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address

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