



Travelers Casualty and Surety Company of America

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

DEFENSE EXPENSES MAY BE INCLUDED WITHIN THE LIMITS OF COVERAGE AND DEDUCTIBLE.

IMPORTANT NOTE - NEW YORK: DEFENSE EXPENSES MAY REDUCE UP TO 50% OF THE LIMITS OF COVERAGE, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Form with fields: Proposed Named Insured, Today's Date, Proposed Effective Date, Proposed Expiration Date, Travelers Policy Number.

APPLICANT INFORMATION

PROPERTY MANAGEMENT

1. Complete the following chart for properties managed. If this is a start-up business provide projections.

Table with 6 columns: Property Type, Number Of Units, Average Value Of Property, Number Of Properties Valued >\$1M, Vacancy Rate, Gross Commissions And Fees. Rows include 1-4 Family Residential, Apartments, Condominiums, etc.

- 2. Does your firm manage properties for any homeowner's association...
3. Does the firm, or any member of the firm including any independent contractor, have an ownership interest...
4. Are standard Property Management contracts or agreements used with each client?

5. What percentage of contracts and agreements used contain an indemnification/hold harmless agreement in the firm's favor? \_\_\_\_\_ %
6. Does the firm carry Commercial General Liability (CGL) insurance for all properties managed and for all property management services provided? .....  Yes  No
7. Do the owners of the properties managed by the firm carry CGL insurance for all such properties? .....  Yes  No  
*If yes, is the firm named as an additional insured on the CGL policy? .....  Yes  No*
8. Is the firm responsible for maintaining insurance coverage on properties managed? .....  Yes  No
9. Are contractors hired to provide services for all properties managed by the firm?.....  Yes  No  
*If yes, are certificates of insurance required from each contractor? .....  Yes  No*
10. Are security services provided? .....  Yes  No
11. If residential property is managed, has every member of the firm had training/certification in fair housing laws? .....  Yes  No
12. Is authority granted under any property management agreement to make capital improvements, repairs, or other modifications to properties managed by the firm? .....  Yes  No  
*If yes, please indicate the maximum dollar amount authorized for improvements. \$ \_\_\_\_\_*
13. Are property management services performed on behalf of any lender in conjunction with any foreclosed/REO property? .....  Yes  No  
*If yes, is there a contract with the lender for such services? .....  Yes  No*
14. Does the firm process client funds, including rents, property tax payments, utility payments, or other funds? .....  Yes  No  
*If yes:*
- a. Are statements of accounts and annual audits prepared for each client at least annually?.....  Yes  No
- b. Are accounts reconciled by someone not authorized to make deposits or withdrawals? .....  Yes  No
15. Is a log maintained identifying the dates, status, and nature of maintenance or repair work orders for all properties managed? .....  Yes  No
16. Does your firm prepare a budget for each property managed? .....  Yes  No  
*If yes, is the budget reviewed and approved by the property owner? .....  Yes  No*
17. Does your firm engage in any of the following: .....  Yes  No
- a. Soliciting investors or raising capital to fund any property being managed? .....  Yes  No
- b. Making any representations regarding future values or returns on properties being managed? .....  Yes  No
- c. The formation, management, or involvement as a partner, joint venture, sponsor, promoter, or underwriter of group investments or syndications? .....  Yes  No
18. Does your firm:
- a. Make any representations to prospective tenants regarding lease terms? .....  Yes  No
- b. Negotiate or set lease terms? .....  Yes  No
- c. Obtain a credit report for each prospective tenant?.....  Yes  No
- d. Have a procedure to ensure lease terms are explained to and agreed by each tenant? .....  Yes  No
- e. Maintain a log indentifying the date, time, and nature of tenant complaints? .....  Yes  No
- f. Have responsibility for tenant evictions? .....  Yes  No  
*If yes, please describe standard procedures for the eviction process in the Additional Information section at the end of this application, including any difference in procedures between residential and commercial.*
19. Does your firm perform any construction management activities beyond basic tenant build-outs? .....  Yes  No

**AUCTIONEERING**

20. Are properties to be auctioned always available for inspection prior to the auction? .....  Yes  No
21. Is any guarantee provided relating to the condition of properties auctioned? .....  Yes  No
22. Are properties auctioned in which the firm, or any member of the firm including any independent contractor, holds an ownership or financial interest? .....  Yes  No

**APPRAISING**

23. Indicate total number of appraisers: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
24. What is the average number of years experience for all appraisers? \_\_\_\_\_
25. For appraisals performed during the most recent 12 months:
- a. What was the average property value? \$ \_\_\_\_\_
- b. What was the highest property value? \$ \_\_\_\_\_
26. Based on the total number of appraisals performed by the firm, provide:

Type of Appraisal	% Of Appraisals Performed	Type Of Appraisal	% Of Appraisals Performed
Single Family Residences	%	Farms/Ranches/Forestry	%
Multi-Family Dwellings	%	Estate or Tax Purposes	%
Lots/Vacant Land	%	Right-of-Way	%
Land Development/Subdivisions	%	Personal Property	%
Commercial/Industrial Property	%	Flood Zone Certifications	%
Construction Phase Inspections	%	Ad Valorem	%
Business Valuations	%	Other:	%
		Total:	<b>100%</b>

27. Are USPAP compliant appraisal forms used for all appraisals? .....  Yes  No
28. Are fees charged based on a percentage of the value or outcome of an appraisal? .....  Yes  No
29. Are written agreements or engagement letters used on all transactions? .....  Yes  No  
*If no, please provide details in the Additional Information section at the end of this application.*

**VACATION RENTALS**

30. How many years has the firm been providing vacation rental services? \_\_\_\_\_  
*If less than five years, please provide a copy of the contract between the property owner and the leasing agent.*
31. Who is responsible for the maintenance of the vacation rentals?  
 Owners  Leasing agent  Property Manager/Caretaker  Other: \_\_\_\_\_
32. Is a log maintained identifying the dates, status, and nature of maintenance or repair work orders for all vacation rentals serviced? .....  Yes  No

**FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:**

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

## SIGNATURES

I acknowledge that this document is to be read in conjunction with the core application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the core application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

Authorized Representative Signature:*	Authorized Representative Name - Printed:	Date:
<b>X</b>		
Producer Signature: *	State Producer License No. (required in FL):	Date:
<b>X</b>		
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

## ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference section name and question number.