



Real Estate Services Professional Liability Coverage
Real Estate Professional Other Services Supplement

Travelers Casualty and Surety Company of America

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense costs. The Insurer will not be liable for the amount of any judgment, settlement, or defense costs incurred after exhaustion of the limit of liability.

IMPORTANT INSTRUCTIONS

Complete this supplement if the following services are provided: property management, auctioneer, appraiser, vacation rental, or construction/development. Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

Coverage is not available in CA, HI, and LA.

GENERAL INFORMATION

Legal Name of Firm: Expiring Policy Number:

PROPERTY MANAGEMENT SERVICES

If property management services are not provided, check this box: [ ]

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

Table with 4 columns: Properties Managed, Number of Units, Vacancy Rate, Gross Commissions and Fees. Rows include 1-4 Family Residential, Apartments, Condominiums, Homeowners Associations, RV/Mobile Home Parks, Farms/Ranches, Retail, Office Buildings/Commercial, Vacation Properties, Time Shares, Other (Describe), and TOTALS.

- 2. What percentage of the firm, members of the firm, or employees have an ownership interest in any properties managed?
3. Are standard property management contracts or agreements used with each client?
4. What percentage of contracts and agreements used contain an indemnification or hold harmless agreement in the firm's favor?
5. Does the firm carry commercial general liability (CGL) insurance?
6. Does the firm require liability insurance to be in place for all managed properties?
7. Is the firm responsible for maintaining insurance coverage on properties managed?
8. Does the firm provide security services?

9. Does the firm hire contractors to provide services for all managed properties?  Yes  No  
*If Yes, are certificates of insurance required from each contractor?*  Yes  No  N/A
10. What is the firm's average authority for capital improvements or repairs? \$ \_\_\_\_\_
11. If residential property is managed, has every member of the firm had training in fair housing laws?  Yes  No  N/A
12. Does the firm:
- a. Solicit investors or raise capital to fund any property being managed?  Yes  No
  - b. Make any representations regarding future values or returns on properties being managed?  Yes  No
  - c. Negotiate or set individual lease terms and provisions?  Yes  No
  - d. Obtain a credit report for prospective tenants?  Yes  No
  - e. Use an attorney for all tenant evictions?  Yes  No
13. Check all loss prevention and risk management controls below that are in place at the firm.
- a. Control systems and conflict of interest procedures:
    - Track tax, tenant eviction notice filing, and all other critical deadlines
    - Maintain a log identifying the date, time, and nature of tenant complaints
  - b. Client intake, screening, and file documentation:
    - Have a procedure to ensure lease terms are explained to and agreed on by each prospective tenant
  - c. Oversight and internal communication:
    - Client funds, including rents, property tax payments, utility payments, or other funds reconciled by someone not authorized to make deposits or withdrawals
    - Maintain and identify the dates, status, and nature of maintenance or repair work order for all properties managed

**AUCTIONEER SERVICES**

*If auctioneer services are not provided, check this box:*

14. Do the auctioneers have at least three years of experience?  Yes  No
15. Is any guarantee provided relating to the condition of properties auctioned?  Yes  No
16. Are properties auctioned in which the firm, or any member of the firm including any independent contractors, holds an ownership or financial interest?  Yes  No
17. Are properties to be auctioned always available for inspection prior to the auction?  Yes  No

**APPRAISER SERVICES**

*If appraiser services are not provided, check this box:*

18. Is the firm an appraisal management company?  Yes  No
19. Do all appraisers have at least three years of experience?  Yes  No
20. Complete the following chart for the most recent 12 months. If this is a start-up business, provide projections.

Type of Appraisals	Number of Appraisals	Gross Revenue	Average Value	Highest Value
Residential: 1-4 unit dwellings		\$	\$	\$
Land		\$	\$	\$
Other (describe):		\$	\$	\$
Commercial: Office/Retail		\$	\$	\$
Industrial/Manufacturing		\$	\$	\$
Other (describe):		\$	\$	\$
Other Than Real Property:				
Business valuation		\$	\$	\$
Right of way or eminent domain		\$	\$	\$
Oil, gas, or mineral interest		\$	\$	\$
Other (describe):		\$	\$	\$
TOTALS:		\$	\$	\$

21. Are outside data sources used for verifying information for accuracy and maintaining quality control?  Yes  No
22. Check all loss prevention and risk management controls below that are in place at the firm:
- Does not conduct owned property appraisals of any business or organization
  - Fees are not charged based on percentage of the value or outcome of an appraisal
  - Uniform Standards of Professional Appraisal Practice (USPAP) compliant appraisal form used for all appraisals

**VACATION RENTAL SERVICES**

*If vacation rental services are **not** provided, check this box:*

23. Has the firm provided vacation rental services for more than three years?  Yes  No
24. Who is responsible for the maintenance of the vacation rentals?
- Owners
  - Leasing agent
  - Property manager or caretaker
  - Other (Describe): \_\_\_\_\_
25. Is a log maintained identifying the dates, status, and nature of maintenance or repair work orders for all vacation rentals serviced?  Yes  No

**CONSTRUCTION/DEVELOPMENT SERVICES**

*If construction/development services are **not** provided, check this box:*

Provide the following information regarding the sale of residential properties (1-4 family dwellings) that are constructed or developed by a separate business entity owned by the firm, or any member of the firm including independent contractors.

26. Indicate the following for residential properties constructed or developed for the most recent 12 months:
- a. Average sales price: \$ \_\_\_\_\_
  - b. Highest sales price: \$ \_\_\_\_\_
  - c. Number of properties sold with value greater than \$1,000,000: \_\_\_\_\_
27. What percentage of the firm's gross commissions and fees from the past 12 months were derived from construction/development? \_\_\_\_\_ %
28. Is the firm's ownership interest in the construction/development of residential properties disclosed in writing to the buyer?  Yes  No
29. Does the construction/development company carry general liability (GL) insurance covering construction defect matters on all projects?  Yes  No
30. Do you or any person seeking coverage have knowledge of any incident, act, error, or omission involving professional services by the owned construction/development company that could reasonably be expected to be the basis of a claim?  Yes  No
31. Has any claim involving professional services been made against the owned construction/development company in the past five years or earlier if still pending?  Yes  No

**NOTICE REGARDING COMPENSATION**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: \_\_\_\_\_

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

**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.

**CALIFORNIA:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will 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 to defraud 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 intending to defraud 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, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

## ***SIGNATURES***

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The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance – Authorized Representative\*

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

Authorized Representative Signature: <b>X</b>	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): <b>X</b>	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number:

## ***ADDITIONAL INFORMATION***

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