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## REAL ESTATE PROPERTY MANAGERS SUPPLEMENTAL APPLICATION

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

### UNDERWRITING

1. Do you require a written contract with all property owners.....  Yes  No

Provide a copy of all contracts for all properties you manage.

If no: Explain when you would not use a contractual agreement: \_\_\_\_\_

2. Does the contract used include a hold harmless in your favor? .....  Yes  No

3. Does your contract require the property owner to name you as Additional Insured on their policy? .....  Yes  No

4. Do you obtain verification of General Liability Coverage from all owners of sites managed that limits are equal or greater than yours? .....  Yes  No

If yes: Indicate how liability insurance coverage is verified (check all that apply):

You are responsible for maintaining coverage and providing evidence to the Owner

You require certificates of insurance from the owners of properties managed

Other, please explain. \_\_\_\_\_

Loc. #	Location Address	Square footage / # Units	Property Type (i.e. Apts, Merc, LRO, Dwellings, etc.)	Limits Verified As shown in Question 4?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Do you have supervision responsibilities for any employees of your clients? .....  Yes  No

If yes, explain what operations you are supervising and the number of people being supervised. \_\_\_\_\_

6. Have you, or any predecessor firm, at any time engaged in any business venture outside the scope of property management, including but not limited to construction, property development or insurance?.....  Yes  No

- 7. During the past 3 years, have any of your principals, partners, officers, directors, employees or independent contractors had more than 20% equity interest in the property they manage?.....  Yes  No
  
- 8. Do you follow formal written procedures in processing tenant evictions? .....  Yes  No
- 9. List all states in which you operate: \_\_\_\_\_
- 10. If you are involved in Real Estate Development, please describe:
  
- 11. If you are involved in Construction Operations of any kind, please describe:
  
- 12. Do you maintain Errors & Omissions Insurance? .....  Yes  No
- 13. Are you or any of your employees a licensed Real Estate Agent?.....  Yes  No
- 14. Within the last 3 years, have you, any subsidiary or any person associated with such entities for whom this insurance is being sought been:
  - a) the subject of disciplinary action by a regulatory agency or association? .....  Yes  No
  - b) the subject of action where a license was revoked or suspended?.....  Yes  No
  - c) the subject of or involved in any claim, written demand, notice, proceeding or litigation alleging or involving property management services?.....  Yes  No
- 15. If "yes" to any of a) through c) above, please provide details : \_\_\_\_\_

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Producer's Signature	Date	Applicant's Signature	Date
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