



United States Liability Insurance Group

Residential Property Managers Professional Liability



APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.
THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

1. Name of Applicant: _____
 Address: _____
 List complete addresses of all additional offices on a separate sheet; if none check here:
 Web Site: _____
 Contact Name: _____ Phone#: _____ Fax #: _____

2. Date Business was established: _____
 Years of Property Management Experience of Principal/Partner: _____

3. Is Applicant applying for coverage as a:
 Corporation Partnership Sole Proprietorship Individual

4. Does anyone in the firm hold any of the following designations?
 Certified Property Manager Accredited Management Organization
 Master Property Manager Other (_____)

5. Has Applicant or its Predecessor Firm at any time in the past or present engaged in any business venture outside the scope of a Property Management or Real Estate Organization, including but not limited to construction, property development or insurance? Yes No If Yes, please provide details: _____

6. Total number for each category (list each person only once, identifying their primary area of responsibility).

	Full Time	Part Time
Property Managers	_____	_____
Real Estate Agents	_____	_____
Appraisers	_____	_____
Clerical	_____	_____

7. What is the average INDIVIDUAL unit value of the property under management? _____

8. Concerning property under management in the last 12 months:

	Amount of Commission Income	Number of Units	Square Footage
(a) Homeowners Association	_____	_____	_____
(b) Condominium (Non-Vacation)	_____	_____	_____
(c) Cooperatives	_____	_____	_____
(d) Vacation Properties	_____	_____	_____
(e) Apartments	_____	_____	_____
(f) Individual Residential Home Management	_____	_____	_____
(g) Commercial/Industrial	_____	_____	_____
(h) Other	_____	_____	_____
TOTALS	_____	_____	_____

9. Has the applicant in the past 3 years, or plan to have in the next 12 months, commercial or industrial property management changing your total revenue by more than 25%? Yes No

10. Is the Applicant responsible for maintaining the security of any properties managed? Yes No
 If Yes, please advise details _____

11. Does the applicant have an ownership interest in any of the properties managed? Yes No
 If Yes, please advise details _____
12. Is more than 25% of applicant's income from properties financed by Housing and Urban Development (HUD)?
 Yes No
13. What percentage of units managed is Applicant involved in placement of tenants? _____%
14. Does applicant have an in house Policy Procedures Manual? Yes No
15. Does applicant maintain General Liability Insurance? Yes No

OTHER ACTIVITY

16. Other Income. Applicant's Gross Revenue for the past 12 months (all fees and commissions before expenses, including any fees, commissions, or bonuses payable to employees and independent contractors). Indicate gross revenue derived from the sale of property, NOT the value of properties sold.

Description	Gross Income Last 12 Months	Number of Transactions	Projected Income Next 12 Months
Residential Sales	\$ _____	_____	\$ _____
Commercial Sales	\$ _____	_____	\$ _____
Real Estate Appraisal Fees	\$ _____	_____	\$ _____
(complete addendum if over 35%)	\$ _____	_____	\$ _____
Other (Describe _____)	\$ _____	_____	\$ _____
TOTALS	\$ _____	_____	\$ _____

* Residential Real Estate means any property containing a single-family dwelling or multiple-family dwellings of up to 4 units. Any properties with more than 4 units are considered commercial.

17. Is more than 10% of applicant's commission income derived from the sale of real estate at any one location or development?
 Yes No

CURRENT E&O INSURANCE

18. E&O Insurance Co. _____ Policy Period _____ Limit of Liability _____ Premium _____ Deductible _____
- (a) _____
- (b) How many years has an E&O policy been in place without any lapses in coverage? _____
- (c) Has the applicant ever purchased an extended reporting period endorsement? Yes No
 If Yes, please explain on a separate sheet.
- (d) During the past 5 years has any insurance carrier declined, canceled or refused renewal of similar insurance on behalf of this applicant, predecessor firm or anyone for whom this insurance will apply? (Missouri applicants are not required to answer this question.) Yes No
 If Yes, please explain: _____

19. Has the applicant or any past or present staff member had their license revoked, or been subject to disciplinary action by any State Licensing Board or other regulatory body? Yes No If Yes, please provide details and date of occurrence. _____

20. Is the applicant or anyone for whom this insurance will apply aware of any:
- (a) Professional Liability claim made against them in the past 5 years? Yes No
- (b) Fact, circumstance, situation, act or omission which might reasonably be expected to be the basis of a claim or suit against them? Yes No

If "Yes", to any of 20 (a) or (b) please complete the Supplemental Claim Form.

TENANT DISCRIMINATION COVERAGE DETAILS

- 21. Are any units managed either adult only, senior citizen or restricted to any other protected classes? Yes No
- 22. Are all properties in full compliance with statutory and regulatory requirements for persons with physical handicap?
 Yes No
- 23. Does the Organization have a written Third Party Discrimination Policy? Yes No
**** If "No", please make sure you are in compliance with item #32 of this Application ****
- 24. (a) Do you currently carry Tenant Discrimination Coverage? Yes No
(b) If "Yes," please advise Insurance Co., expiring premium, and date from which this coverage has been continually carried: _____
- 25. Is the applicant or anyone for whom this insurance will apply aware of any:
(a) Claim alleging Discrimination or violation of any Fair Housing Act made against them in the past 5 years? Yes No
(b) Fact, circumstance, act or omission which might reasonably be expected to be the basis of a claim or suit against them?
 Yes No

If "Yes", to any of 25 (a) or (b) please complete the Supplemental Claims Form.

EMPLOYMENT PRACTICES COVERAGE DETAILS

- 26. Total number of Employees of the Applicant Firm: Full time? _____ Part time? _____
Total number of superintendents and maintenance staff who are employed by the owner of the property being managed. Do not include independent contractors. Full time? _____ Part time? _____
- 27. Has there been any reduction of employees in the past 12 months or is a reduction anticipated in the next 12 months?
 Yes No If Yes, attach details including %.
- 28. Does the Organization currently carry Employment Practices Liability Insurance? Yes No
If Yes, please advise Insurance Co., Limit of Liability, expiring premium and date from which this coverage has been continuously carried: _____
- 29. Within the past 5 years has the Organization or any individual proposed for Insurance received any employment related inquiry, complaint or notice of hearing from any Municipal, State or Federal Regulatory Authority or Congressional or Legislative Committee (Including, but not limited to, Equal Employment Opportunity Commission (E.E.O.C.) and State Human Rights cases)? Yes No
- 30. Within the past 5 years, has any employment related claim been made, or is any employment related claim of Sexual Harassment, Discrimination or Wrongful Termination now pending, against the Organization, or any person proposed for Insurance in the capacity of either Director, Officer, or Employee of the Organization? Yes No
- 31. Is any person proposed for this Insurance aware of any fact, circumstance or situation which may result if an employment claim including, but not limited to, Sexual Harassment, Discrimination, or Wrongful Termination against the Organization or any of its Directors, Officers, or Employees? Yes No

If "Yes", to any of questions #29-31, please complete the Supplemental Claims Form.

If purchasing Tenant Discrimination Coverage, please sign the following:

32. I, _____ as Principal, Partner or Officer of the applicant for Insurance, certify that a written Third Party Discrimination Guideline will be implemented within 3 days of the effective date of this policy. This Guideline will be distributed annually to all employees and superintendents and maintenance staff employed by the owner of the property being managed. The USLI Companies will attach an endorsement to the Policy stating that failure to comply with the above shall be grounds for denial of coverage for claims brought under this Coverage Part. Sample guidelines may be provided by USLI, upon request.

Signature: _____ Date: _____

Must be signed by a Principal, Partner or Officer of the Firm

33. Please complete only if applying for Employment Practices Liability Coverage.

Mandatory Written Policies - please identify policies Applicant has in place:

Sexual Harassment Policy (applies to employees and third parties) Yes No
Anti-Discrimination Policy (applies to employees and third parties) Yes No

Please forward copies of the policies identified above along with this signed and dated application. If you do not have these written policies in place, the Company will provide you with sample policies at the time of binding this insurance.

Recommended Written Policies - please identify policies Applicant has in place:

Employment Application Yes No
Employee Handbook Yes No
Company Email/Internet Policy Yes No

If Applicant has an Employee Handbook, Employment Application or Company Email/Internet Policy, a copy of each must be forwarded for review by the Company.

As a condition precedent to binding this insurance the Applicant agrees:

- 1) to implement and distribute to each employee the Mandatory Written Policies identified above which are currently not in place as soon as possible, but no later than 21 days after the inception date of this insurance. Failure of the Company to receive these policies within 21 days after the inception of this insurance will result in cancellation of this insurance.
- 2) to adopt and distribute to each employee all changes required by the Company of the Applicant's Written Policies as soon as possible, but no later than 21 days after receipt from the Company of the required changes .

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements, and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached, and become a part of the policy.

ARIZONA, PENNSYLVANIA AND OREGON FRAUD STATEMENT: 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 MAY BE SUBJECT TO A CIVIL PENALTY (AND A CRIMINAL PENALTY IF IN PENNSYLVANIA).
UTAH, CONNECTICUT, OHIO FRAUD STATEMENT: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
VIRGINIA FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER, SUBMITS AN APPLICATION FOR INSURANCE OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
FRAUD STATEMENT (ALL OTHER STATES): 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR SUCH VIOLATION.

Signature of the Applicant of the Insured: _____

Must be signed by a Principal, Partner or Officer of the Firm Date:

Date: _____

IF THE PRIMARY ADDRESS OF THE LOCATION LISTED IN ITEM #1 IS IN THE STATE OF NEW YORK, IOWA OR FLORIDA, THE STATE OF NEW YORK, IOWA AND FLORIDA REQUIRE THAT WE HAVE THE NAMES AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.
NAME OF AUTHORIZED AGENT OR BROKER _____
ADDRESS _____
AGENT OR BROKER LICENSE NUMBER: _____