

SECTION A: Applicant Information

1. Applicant Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Website: _____

SECTION B: Business Information

1. Does applicant operate any type of business other than that requested by this application? ☐ Yes ☐ No
 If yes, describe: _____
 If yes, is the business covered separately for General Liability? ☐ Yes ☐ No
2. Does applicant hold an Accredited Residential Manager Designation (ARM)? ☐ Yes ☐ No
3. Are there any Hired or Non-Owned Autos? ☐ Yes ☐ No
 If yes, please explain: _____
4. Does applicant have an ownership interest in any of the properties you managed? ☐ Yes ☐ No
 If yes, provide the percentage(s) on the SOV
5. Are all owners required to carry umbrella coverage? ☐ Yes ☐ No
 If yes, what are the limits? _____
6. Is applicant listed as an Additional Insured on owner's policies? ☐ Yes ☐ No
7. Are all building owners required to sign contracts? ☐ Yes ☐ No
 If yes, does the contract include hold harmless and indemnification wording in the applicant's favor? ☐ Yes ☐ No
8. Have employees been trained and certified in fair housing laws? ☐ Yes ☐ No
9. Select below which services are offered by applicant (select all that apply):
☐ Accepting & Disbursing Rent ☐ Addressing Ordinary Repair & Maintenance
☐ Security Services ☐ Janitorial Services for Managed Properties
☐ Placing Insurance ☐ Services Provided for Lender in Conjunction with Foreclosed/REO Properties
☐ Property Leasing (if checked, please attach a copy of the contract)
☐ Other (describe): _____
10. Does applicant obtain a credit report and background check for each prospective tenant? ☐ Yes ☐ No
11. Are there formal written procedures in place while processing tenant evictions? ☐ Yes ☐ No
12. What amount of authority does the applicant have for capital improvements and repairs without first having to receive the owner's permission? _____
13. Is there a written procedure in place for responding to tenants requests for repairs? ☐ Yes ☐ No
 What is the response time for tenants requests for repairs? _____
14. Does applicant maintain a service record of all repairs? ☐ Yes ☐ No
 If yes, how long are the records kept? _____
15. State annual commercial receipts: _____ State annual residential receipts: _____

SECTION C: Operations Information

1. Complete the table below with financial information:

Residential Property Management	Revenue Past 12 Months	Revenue Projected Next 12 Months	Number of Units Managed	Ownership %
Apartments / Cooperatives				
Condominiums / Townhouses				
Is the applicant named on association's D&O insurance? ☐ Yes ☐ No				
Condo Association Management / HOAs				
Residential (1-4 family dwellings)				
Hotel / Motel				
Vacation Rentals				
Trailer Parks				
Other: _____				

Commercial Property Management	Revenue Past 12 Months	Revenue Projected Next 12 Months	Number of Units Managed	Ownership %
Office Buildings				
Shopping Centers				
Warehouses, Industrial Manufacturing				
Describe: _____				
Healthcare, Medical Facilities				
Describe: _____				
Other: _____				

2. Please complete attached SOV with specific location information.

3. Does applicant use sub-contractors for any maintenance? ☐ Yes ☐ No

If yes, explain: _____

If yes, are contractors required to maintain CGL with minimum \$1M/\$2M limit and to include the insured as AI including indemnification and hold harmless wording in favor of the insured? ☐ Yes ☐ No

4. Are umbrella limits required? ☐ Yes ☐ No

If yes, what are the limits? _____

5. Are subcontractors required to carry professional liability insurance? ☐ Yes ☐ No

6. Complete the table below with payroll and subcontractor costs for the following operations: ☐ N/A

Trade	Payroll	Subcontractor Cost	Is COI Required & on File? (Y/N)
Carpentry			
Construction Development			
Electrical			
Maintenance			
Landscaping			
Plumbing			
Security			
Snow Removal			
Any Other Contractors			
Any Other Services			

Pool Exposure ☐ N/A

1. Do pools have self-latching doors or gates? ☐ Yes ☐ No

2. Are pool depths adequately marked? ☐ Yes ☐ No

3. Does pool comply with the requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act?..... ☐ Yes ☐ No

SECTION E: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____