



Application Supplement for Real Estate Firm / Broker

Please attach the following information:

1. Name of Applicant: _____
2. The largest property value handled, or last Certified Appraisal made in the last 12 months was: \$ _____
3. Has the Applicant or anyone in the Applicant's firm ever had their license revoked, limited or canceled? .
..... Yes No
4. Total number of staff (List each person only once, identify their primary area of responsibility):
 - (a) Full and part time Real Estate Agents/Brokers/Independent Contractors #
 - (b) Property Managers..... #
 - (c) Clerical #
 - (d) Certified Appraisers..... #
 - (e) Other _____ #
5. Does the Applicant have any ownership interest in any properties they manage or rent?.....
..... Yes No

If yes, please provide complete details: _____
6. In an average month, what percentage of residential sales includes the sell of home warranties?
 None 10-20 21-50 51-100
7. Are procedure manuals regularly updated?..... Yes No
8. Are standardized contract forms recommended by your State Association or franchise group used?.....
..... Yes No
9. Are seller disclosure forms used for EVERY listing?..... Yes No
10. Number of sales each of the past three years:

Past Year	#
Previous Year.....	#
Three Years Ago	#
11. Total revenue each of the past three years:

Past Year	\$
Previous Year.....	\$
Three Years Ago.....	\$

12. Estimated receipts in each of the following categories for the prior year and anticipated for the following policy period:

	Prior Year	Coming Year
Residential real estate sales	\$ _____	\$ _____
Commercial real estate sales	\$ _____	\$ _____
Property Management	\$ _____	\$ _____
Rental fees	\$ _____	\$ _____
Certified Appraisals	\$ _____	\$ _____
Consulting fees	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

13. How many years has the firm been in operation with current management?

- Less than 3
 4-7
 8-15
 15+

Notice to Applicant

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Name of Owner, Partner or Principal

Title

Signature of Owner, Partner or Principal

Date