

## Real Estate Property Managers Supplemental Application

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
 AKA / DBA: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Loc Address: \_\_\_\_\_  
 Insured Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Yrs in Business: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_

### GENERAL INFORMATION

Does the applicant perform any of the following services?  
*(If "Yes", refer to your Seneca underwriter)*

- Mortgage services
- Offer home warranty plans
- Home inspections
- Assume contractual responsibility for armed security services (off duty police are OK)

Does the applicant manage any of the following types of properties?  
*(If "Yes", refer to your Seneca underwriter)*

- Adult Foster Care
- Assisted Living
- Halfway Houses
- Homeless Shelters
- Rehab Centers

Property Management receipts:  
 Real Estate sales receipts:

**(If greater than 15% of total, please refer to your Seneca underwriter)**

Management Fee breakdown: Residential \_\_\_\_\_% Commercial \_\_\_\_\_%

If any commercial property management, what are the occupancies?  
 Please attach a list of locations managed or list here:

Last 12 months	Upcoming Year (est)
\$_____	\$_____
\$_____	\$_____

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does applicant have an ownership interest in any of the properties they manage?

Yes  No

*If "Yes", the properties must be properly classified and rated.  
 Please provide a list on a separate sheet of all the properties in which the applicant has an ownership interest and the percentage of ownership they have in each.*

Please check all services provided:

- Accepting and disbursing rent
- Screening and acquisition of tenants
- Addressing ordinary repair and maintenance
- Janitorial services on managed buildings
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Does property manager live on premises?  Yes  No  
 What percentage of the applicant's residential management income comes from Housing and Urban Development (HUD)/subsidized housing? \_\_\_\_\_%

What percentage is from student housing? \_\_\_\_\_%  
 Any buildings managed over 10 stories?  Yes  No

**(If 'Yes', refer to your Seneca Underwriter.)**  
 Any buildings managed between 6 and 10 stories?  Yes  No

**(If "Yes" and the answer to any of the next three questions is "No", then please refer to your Seneca underwriter.)**

Is the construction Masonry-noncombustible (or better?)  Yes  No

Are all life safety standards met?  Yes  No

Is an elevator maintenance agreement in place?  Yes  No

If managing properties with pool exposures, please confirm the following: **(If slides or diving boards are present, refer to your Seneca underwriter.)**

Are pools fenced with self-latching gates?  Yes  No

Are rules, hours and depth markers posted?  Yes  No

Is life safety equipment available?  Yes  No

Does applicant manage seasonal vacant properties and/or seasonal vacation properties with pool exposures?  Yes  No

Does applicant confirm that all property management customers carry commercial general liability insurance, at least equal to the applicant's limits and naming them as A/I?  Yes  No

Is the applicant contractually responsible for maintaining compliance with all life safety regulations?  Yes  No

If "Yes", are all buildings in compliance with all life safety regulations?  Yes  No

Does the insured provide any structural or alterations to any of the properties?  Yes  No

If "Yes", what is the subcontracting cost for those operations? \$\_\_\_\_\_

What work are the subcontractors hired to do?

<b>Subcontracted Work</b>	<b>%</b>
_____	_____%
_____	_____%
_____	_____%

Are certificates of insurance obtained prior to subcontractors starting work?  Yes  No

Minimum limits required: \$\_\_\_\_\_

Are you named as an additional insured on the subcontractors' policy?  Yes  No

Does applicant provide any moving services?  Yes  No

Does applicant currently carry any professional liability insurance coverage?  Yes  No

Are real estate agents:  Sales personnel

Employees

Independent contractors

If independent contractors, do they maintain their own GL/E&O coverage and name applicant as an A/I?  Yes  No

Is the applicant responsible for negotiating, effecting or maintaining insurance coverage on properties managed?  Yes  No

**If "Yes", they must have Professional Liability coverage in place.**

**LOSS INFORMATION**

Was prior coverage ever cancelled or non-renewed?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Loss information for the past 3 years:  No losses  No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FRAUD STATEMENT****Applicable in Arkansas, Louisiana, and West Virginia**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting 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 for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Applicable in Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Applicable in Maryland**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Applicable in New York**

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 thousand dollars and the stated value of the claim for each such violation.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he 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.

**Applicable in Oklahoma**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in 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.

**Applicable in Rhode Island**

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

**Applicable in Tennessee, Virginia, and Washington**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**SIGNATURES**

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant's Name and Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_