



**Professional Liability Insurance for Real Estate Services
 Owned Property Supplemental Application**

Coverage provided by Great Divide Insurance Company, a North Dakota Stock Corporation

Note: This Supplemental Application becomes a part of your Application for coverage with the insurance company and therefore forms a part of the POLICY if coverage is bound.

This Supplemental Application is to be completed with respect to the entire Applicant Firm including all subsidiaries, affiliates and predecessor firms for which coverage is requested. **Please attach copies of organizational charts for any properties under common ownership with the Applicant Firm.**

Name of Applicant Firm _____

General Information

- For the last 12 months, please provide a breakdown of properties owned by the Applicant Firm (A), the present owners, partners, officers or employees of the Applicant Firm (PO), any predecessor in business or any past owners, partners, officers or employees of the Applicant Firm or any predecessor in business (PF), or any entity under common ownership with the Applicant Firm (C), hereinafter to be collectively referred to as the Applicant Firm and/or Related Parties of the Applicant Firm.

Address	Type of Property*	Current Valuation of the Property**	% Held
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)
		\$	___% (A) ___% (PO) % ___% (PF) ___% (C)



*Residential Other than Foreclosed/REO and Affordable Housing/Government Assistance Property (R); Commercial, including investment properties (CO); HUD and other Affordable/Government Assistance Housing (H); Other (O), please describe:

**If the current valuation is not known, please provide the valuation of the property at the time it was acquired.

2. Please provide details of professional services performed in connection with the properties scheduled in Question 1 including dates the professional services were performed and identities of the properties which were/are the subject of the professional services:

3. Is property insurance, general liability insurance and pollution/environmental liability insurance required to be maintained on each of the properties scheduled in Question 1? Yes No **If "Yes", please indicate the following:**
Minimum property limits required: \$ _____
 Actual Cash Value or Replacement
Minimum general liability limits required: \$ _____
Minimum pollution/environmental limits required: \$ _____

4. Please explain how tenant complaints or dangerous conditions that affect or may affect any properties owned by the Applicant Firm and/or any Related Parties of the Applicant Firm are escalated to any principal, partner, officer, director, managing member or risk manager in the Applicant Firm:



5. Is the Applicant Firm or any principal, partner, officer, director, managing member or professional employee in the Applicant Firm aware of any dangerous conditions that affect or may affect any of the properties owned by the Applicant Firm and/or any Related Parties of the Applicant Firm? Yes No
 If "Yes", please explain:

6. If any of the properties owned by the Applicant Firm and/or any Related Parties of the Applicant Firm are co-owned by third parties, does the Applicant Firm always consult with such third parties with the respect to the sale or purchase of these properties? Yes No N/A If "No", please explain (including circumstances when co-owners are not consulted and an explanation of how the Applicant Firm assures that the terms of the purchase and sale are acceptable to the co-owners):

Please Read Carefully

I understand that the information submitted herein becomes a part of the Applicant Firm's Professional Liability Insurance Application and is subject to the same representations and conditions.

Dated

Signature (must be a Partner, Officer or Principal)

Title of Partner, Officer or Principal

Printed Name of Partner, Officer or Principal

RETURN APPLICATION VIA EMAIL: mplsubmissions@berkleysp.com

Berkley Service Professionals

In California, A Division of Berkley Managers Insurance Services, LLC | CA License No. 0H05115

FRAUD NOTICE

(Not applicable in the states mentioned below where a specific warning applies)

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 may be guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALABAMA APPLICANTS AND CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ALASKA CLAIMANTS: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA CLAIMANTS: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS AND CLAIMANTS: 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.

NOTICE TO CALIFORNIA CLAIMANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS, POLICYHOLDERS AND CLAIMANTS: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE CLAIMANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS AND CLAIMANTS: 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.

NOTICE TO APPLICANTS OF FLORIDA AND CLAIMANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO IDAHO CLAIMANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA CLAIMANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS AND CLAIMANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO APPLICANTS OF KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

NOTICE TO MAINE APPLICANTS AND CLAIMANTS: 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.

NOTICE TO MARYLAND APPLICANTS AND CLAIMANTS: 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.

NOTICE TO MASSACHUSETTS, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS AND CLAIMANTS: 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.

NOTICE TO MINNESOTA CLAIMANTS: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NOTICE TO NEW HAMPSHIRE CLAIMANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO APPLICANTS OF NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS AND CLAIMANTS: 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.

NOTICE TO NEW YORK APPLICANTS AND CLAIMANTS: 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.

NOTICE TO OHIO APPLICANTS AND CLAIMANTS: 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.

NOTICE TO APPLICANTS, POLICYHOLDERS AND CLAIMANTS OF 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.

NOTICE TO OREGON APPLICANTS AND CLAIMANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS AND CLAIMANTS: 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.

NOTICE TO TEXAS CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.