



**Professional Liability Insurance for Real Estate Services  
 Specified Real Estate Services 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.

Name of Applicant Firm

**General Information**

1. Please provide the following staffing information for all employees and independent contractors of the Applicant Firm engaged in the specified real estate services.

Type of Real Estate Services	# of Principals, Partners and Officers	# of Professional Employees except Principals, Partners and Officers	# of All Other Support Staff
Appraisal			
Auctioneering			
Mortgage Brokerage			
Property Management			

2. Does the Applicant Firm or any owners, principals, partners, officers, managing members or employees of the Applicant Firm have an ownership interest in any properties for which the Applicant Firm provides appraisal, auctioneer, mortgage broker and/or property management services?  Yes  No  
**If "Yes", please complete the Owned Property Supplement**

**Appraisal Services**

If the Applicant Firm is not involved in these services, please check here  and skip to Question 10.



3. Complete the following for all principals, partners, officers, managing members and professional employees engaged in appraisal services.

Name	Title	Years of Experience	Professional Qualifications*

\*Memberships in professional organizations, associations or societies, advanced degrees and certifications

4. Total # of appraisals performed over the past 12 months: \_\_\_\_\_

5. Gross revenue derived from appraisal services over the past 12 months: \$ \_\_\_\_\_

6. Please provide a breakdown of the number of appraisals performed over the past 12 months for the following types of properties:

TYPE OF PROPERTY	% of Total Appraisals Over Past 12 Months
Residential (Other than Foreclosed /REO / HUD and other Affordable Housing or Government Assistance Properties)	%
Commercial, including investment properties	%
Foreclosed /REO / HUD and other Affordable Housing or Government Assistance Properties)	%
Other (Describe: _____)	%

7. Are fees always independent of the appraised value?  Yes  No

8. Are Uniform Standards of Professional Appraisal Practice compliant appraisal forms used for all appraisals?  
 Yes  No **If "No", please provide copies of the Applicant Firm's standard appraisal forms.**

9. Please describe the Applicant Firm's second level review procedures to assure the accuracy and completeness of their appraisals:



## Auctioneer Services

If the Applicant Firm is not involved in these services, please check here  and skip to Question 15.

10. Complete the following for all principals, partners, officers, managing members and professional employees engaged in auctioneer services.

Name	Title	Years of Experience	Professional Qualifications*

\*Memberships in professional organizations, associations or societies, advanced degrees and certifications

11. Gross revenues derived from auctioneering services over the past 12 months: \$ \_\_\_\_\_

12. Total # of properties auctioned over the past 12 months: \_\_\_\_\_

13. Please provide a breakdown of the number of properties auctioned over the past 12 months for the following type of properties:

TYPE OF PROPERTY	% of Properties Auctioned Over Past 12 Months
Residential (Other than Foreclosed /REO / HUD and other Affordable Housing or Government Assistance Properties)	%
Commercial, including investment properties	%
Foreclosed /REO / HUD and other Affordable Housing or Government Assistance Properties)	%
Other (Describe: _____)	%

14. Does the Applicant Firm have written procedures to assure that the sellers' instructions and minimum acceptable bids are followed?  Yes  No If "No", please explain:



## Mortgage Broker Services

If the Applicant Firm is not involved in these services, please check here  and skip to Question 20.

15. Complete the following for all principals, partners, officers, managing members and professional employees engaged in mortgage broker services.

Name	Title	Years of Experience	Professional Qualifications*

\*Memberships in professional organizations, associations or societies, advanced degrees and certifications

16. Total # of mortgage loans brokered over the past 12 months: \_\_\_\_\_

17. Please indicate the % of past 12 months' gross fees derived from mortgage brokerage services for the following types of properties: Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_% Construction \_\_\_\_\_% Other \_\_\_\_\_% Describe Other: \_\_\_\_\_

18. Please indicate the gross revenues derived from the following services over the past 12 months:

a. Mortgage brokerage services: \$ \_\_\_\_\_

b. Mortgage servicing: \$ \_\_\_\_\_

c. Other: \$ \_\_\_\_\_ Describe Other: \_\_\_\_\_

19. Does the Applicant Firm fund loans with their own funds or with a warehouse line of credit?  Yes  No  
 If "Yes", does the Applicant Firm hold loan reserves on their balance sheet?  Yes  No



## Property Management Services

If the Applicant Firm is not involved in these services, please check here .

20. Complete the following for all principals, partners, officers, managing members and professional employees engaged in property management services.

Name	Title	Years of Experience	Professional Qualifications*

\*Memberships in professional organizations, associations or societies, advanced degrees and certifications

21. Please provide a breakdown of the Applicant Firm's gross income for the past 12 months that was derived from performing property management services for the following types of properties:

TYPE OF PROPERTY	Gross Property Management Income
Residential (Other than Foreclosed / REO / HUD and other Affordable Housing or Government Assistance Properties)	\$
Commercial including investment properties	\$
Foreclosed / REO / HUD and other Affordable Housing or Government Assistance Properties	\$
Other (Describe: _____)	\$
<b>TOTAL GROSS PROPERTY MANAGEMENT INCOME</b>	<b>\$</b>

22. Does the Applicant Firm receive or hold funds for others, including rents, property tax payments or utility payments?  Yes  No

If "Yes", are accounts reconciled by someone not authorized to make deposits or withdrawals?

Yes  No

23. Minimum property liability insurance limits maintained for all managed properties: \$ \_\_\_\_\_

24. Minimum general liability insurance limits maintained for all managed properties: \$ \_\_\_\_\_

25. Are security services provided?  Yes  No

If "Yes", are armed guard services provided?  Yes  No

26. If residential property is managed by the Applicant Firm, has every professional employee of the Applicant Firm involved in managing residential properties received training in fair housing laws?

Yes  No  Not Applicable



27. Is authority granted under any property management agreements for the Applicant Firm to make capital improvements, repairs or other modifications?  Yes  No If "Yes", the maximum dollar amount authority for improvements is: \$\_\_\_\_\_
28. Does the Applicant Firm have responsibility for tenant evictions or legal collection actions?  Yes  No  
**If "Yes", please provide copies of the Applicant Firm's eviction and legal collection procedures.**
29. Does the Applicant Firm perform construction management activities (including overseeing tenant build outs, facility renovations and reconstruction) or property development activities in conjunction with their property management services?  Yes  No **If coverage is desired for these activities, complete the Construction Management & Property Development Supplement.**
30. Please describe how tenant complaints or dangerous conditions that affect or may affect properties are managed by the Applicant Firm escalated to any principal, partner, officer, director, managing member or risk manager in the Applicant Firm:
31. Is the Applicant Firm or any principal, partner, officer, director, managing member or risk manager in the Applicant Firm aware of any unresolved tenant complaints or dangerous conditions that affect or may affect any properties managed by the Applicant Firm?  Yes  No If "Yes", please explain:



**Please Read Carefully**

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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](mailto: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.