

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION - REAL ESTATE PROPERTY MANAGERS - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

PROHIBITED (check all that apply to your operations)

- Adult Foster Care - Assisted Living
Building exposures that include any of the following:
 - Construction that is not at least Masonry-NC or better when heights are 6 to 10 stories
 - Elevator maintenance contract not in place
 - Heights that exceed 10 stories
 - Life safety standards not met based on building codes
- Halfway Houses – Homeless Shelters – Rehabilitation Centers
- Home Inspections
- Insureds who are contractually responsible for security services
- Mortgage services
- New-ground-up multi-family-habitational property development and/or construction (i.e. apartments, condos, co-ops, townhomes, tract homes)
- Real Estate Investment Trusts
Swimming Pool exposures lacking any of the following controls: depths marked, fencing with self-latching gates, life safety equipment in the pool area, rules including hours posted.
 - Meets Federal swimming pool/spa drain cover standards found in the Virginia Graeme Baker Pool and Spa Safety Act
 - Diving Boards Water Slides If either of these exposures are present submit is required.
 - Some properties are seasonal occupancy or vacant and have a swimming pool exposure
- Syndications / Partnerships

YEARS IN BUSINESS / EXPERIENCE

- _____ Years in business as the 'Named Insured' indicated on this application
- _____ Years' experience in the operations indicated on this application - Attach resumes if available
- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

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CONTRACTS

- Written contracts are always used with third parties. If not, explain:

LOSS HISTORY / EVICTIONS / VIOLATIONS

- Three years of loss history information on ACORD application or attached to this application
- Fair Housing Act violation alleging discrimination made in the past 5 years. If "yes" provide details:
- Professional Liability claim(s) have been made in the past 5 years. If "yes" provide details:
- No known act, circumstance, fact or omission is known at this time which might reasonably be expected to be the basis of a claim or suit against the applicant or anyone for whom this insurance will apply

EXPOSURES / OPERATIONS / CONTROLS

- Customers carry primary GL insurance at least equal to applicant's GL limits. (The CGL coverage grant automatically contemplates coverage for "real estate managers" in Section II at (1) (b), (1)(c), and (2)(b). Given this real estate managers do not need to seek out additional insured status on customers' policies.
- Disclosures regarding asbestos, lead paint, mold, underground storage tanks and any other required disclosures at the subject location(s) are addressed formally where legally required
- Home Warranty Plans – Applicant owns subsidiary(s) that offer home warranty plans
- Insurance placement and maintenance on properties managed is the responsibility of the applicant.
 - Professional Liability Insurance is in place (and required) if this exposure exists
- Life Safety – Applicant is contractually responsible for maintaining compliance with life safety regulations. If so, all properties subject to this contractual agreement are actually in compliance with all life safety regulations.
- Memberships – Insured belongs to a Professional Trade Association and/or holds special designations or licenses related to property management
- Moving services provided. If "yes" provide details:
- Professional Trade Association
- Real Estate Agent Sales Personal exposures exist. If "yes" they are:
 - Employees
 - Independent Contractors
 - Independent Contractors maintain their own GL and E&O coverage with limits equal or greater than applicant's, and name applicant A.I. on their policies
- Remodeling, alteration services provided to property owners by applicant. If "yes" describe and indicate annual costs related to this:

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SUBCONTRACTORS

Insured is using a licensed general contractor that is insured elsewhere and provides additional insured status to applicant. Uninsured subcontractors are not acceptable.

Describe type of work performed by subcontractors:

Risk Transfer – Subcontractors:

- Additional Insured – Status granted to you on the subcontractor’s policy
- Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you
- Hold Harmless and Indemnification Agreements – Required from subcontractors
- Limits of Liability - Subcontractors are required to carry limits equal or above your own
- Workers Compensation (if applicable) – Subcontractors required to have their own WC

EMPLOYEES

Total Number of Employees (include leased employees): _____

RECEIPTS

Property Management:

Annual Receipts Last 12 Months: \$ _____

Annual Receipts Anticipated in Coming Policy Term: \$ _____

Property management fees are what percentage of total fees for Commercial: _____ %

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If there is commercial property management, what type(s) of occupancies? _____

Insured has an ownership interest in property(s) they manage. If “yes” the properties must be properly classified and rated. Attach a list of all such properties and indicate the insured’s percentage of ownership in each.

Real Estate Sales:

Annual Receipts Last 12 Months: \$ _____

Annual Receipts Anticipated in Coming Policy Term: \$ _____

(Submit required if real estate sales exceed 15% of total annual receipts for all operations)

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 and U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold-U777A
- Signs (Outdoor) 0 Co1449
- Water Back Up and Sump Overflow – U548

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GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE