



87 Oxford Street Lynn MA 01901
 202-465-4306 f-202-478-0856
www.professionalliabilityusa.com
 john@professionalliabilityusa.com

SUPPLEMENTAL APPLICATION – PROPERTY MANAGEMENT

1. Name of applicant or insured: _____
2. Subcontractors:
 - a. Does the applicant use subcontractors? Yes No
 - b. Are subcontractors required to carry general liability insurance? Yes No
 - c. Are subcontractors required to carry professional liability insurance? Yes No
 - d. Are subcontractors required to indemnify the applicant? Yes No
 - e. Please describe services provided by subcontractors: _____

3. Please complete the following:

RESIDENTIAL PROPERTY MANAGEMENT	TOTAL REVENUE — PAST 12 MONTHS	TOTAL REVENUE — PROJECTED NEXT 12 MONTHS	NUMBER OF UNITS MANAGED	OWNERSHIP %
a. Apartments/cooperatives	\$	\$		%
b. Condominiums/townhouses	\$	\$		%
c. Condo association management/HOAs Is the applicant named on association's D&O insurance? Yes No	\$	\$		%
d. Residential (1-4 family dwellings)	\$	\$		%
e. Hotel/motel	\$	\$		%
f. Vacation rentals	\$	\$		%
g. Trailer parks	\$	\$		%
h. Other Please describe:	\$	\$		%

COMMERCIAL PROPERTY MANAGEMENT	TOTAL REVENUE — PAST 12 MONTHS	TOTAL REVENUE — PROJECTED NEXT 12 MONTHS	NUMBER OF UNITS MANAGED	OWNERSHIP %
a. Office buildings	\$	\$		%
b. Shopping centers	\$	\$		%
c. Warehouses, industrial, manufacturing Please describe: _____ _____	\$	\$		%
d. Healthcare, medical facilities Please describe: _____ _____	\$	\$		%
e. Other Please describe: _____ _____ _____	\$	\$		%

4. Is commercial general liability (CGL) insurance in place on all properties that the applicant manages? Yes No
 If "Yes," what is the CGL limit? \$ _____
 Is the applicant listed as an additional insured on the property owners CGL policy? Yes No N/A
(It is highly recommended that all property managers be listed as an additional insureds on the property owners CGL policy)
5. Does the firm have authority under its agreement with the landlord to make capital improvements, repairs, etc.? Yes No
 If "Yes," what is the maximum dollar amount of the applicant's authority for capital improvements or repairs, for any one project? \$ _____
6. Is the applicant required to place any insurance on any properties managed? Yes No
 If "Yes," does the applicant use and consult with a properly licensed and insured insurance agent for the insurance needs on all properties the insured is responsible for procuring and maintaining insurance? Yes No
7. Do all of the properties the applicant manages meet local, state and federal fire codes? Yes No
8. Does the applicant test the following on a regular basis: How often?
- a. Smoke detectors/fire alarms? Yes No _____
 - b. Sprinkler systems? Yes No _____
 - c. Fire extinguishers? Yes No _____

9. Please answer if the applicant manages residential buildings:

- a. Does the applicant obtain a credit report for each prospective tenant? Yes No
- b. Does the applicant do background checks on all prospective tenants? Yes No
- c. Does the applicant have formal written procedures in processing tenant evictions? Yes No

If the answer is "No" to any of the above questions, please include detailed information as to why:

10. Does the applicant have a written procedure manual for the handling of tenant and other third party relations?

Yes No

If "Yes," does the manual include:

- a. Anti-discrimination and anti-sexual harassment policies? Yes No
- b. Procedures for handling complaints of discrimination, harassment and wrongful eviction by a tenant/other third party? Yes No

11. Do the applicant's managed facilities have access for the disabled in compliance with local, state and/or federal laws?

Yes No

12. Does the applicant provide any construction management or project management services?

Yes No

If "Yes," do any of these projects require the stamp of an architect or engineer?

Yes No

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____