

## SMALL BUSINESS PROTECT

## Supplemental Application (Real Estate)

THIS SUPPLEMENTAL APPLICATION IS PART OF THE PROFESSIONAL LIABILITY APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.

**Application Instructions:**

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state "None" or "0" in the space provided.

**General Information**

|                       |  |  |  |  |              |  |  |  |  |              |  |  |
|-----------------------|--|--|--|--|--------------|--|--|--|--|--------------|--|--|
| <b>Company</b>        |  |  |  |  |              |  |  |  |  |              |  |  |
| <b>Contact Person</b> |  |  |  |  |              |  |  |  |  |              |  |  |
| <b>Address</b>        |  |  |  |  |              |  |  |  |  |              |  |  |
| <b>City</b>           |  |  |  |  | <b>State</b> |  |  |  |  | <b>Zip</b>   |  |  |
| <b>Phone</b>          |  |  |  |  | <b>Fax</b>   |  |  |  |  | <b>Email</b> |  |  |
| <b>Website</b>        |  |  |  |  |              |  |  |  |  |              |  |  |

**Details**

|   |  |  |           |  |  |
|---|--|--|-----------|--|--|
| <b>1. Total number of real estate agents/brokers/property managers/independent contractors:</b> |  |  |           |  |  |
| Full time   |  |  | Part time |  |  |
| <b>2. Gross commission income breakdown (\$):</b>   |  |  |           |  |  |
| Residential sales   |  |  |           |  |  |
| Commercial sales  |  |  |           |  |  |
| Raw land sales  |  |  |           |  |  |
| Residential property management/leasing   |  |  |           |  |  |
| Commercial property management/leasing  |  |  |           |  |  |
| Residential vacant land sales   |  |  |           |  |  |
| Commercial vacant land sales  |  |  |           |  |  |
| Appraisals/Broker price opinions  |  |  |           |  |  |
| Consulting  |  |  |           |  |  |



|  |                              |                             |            |
|--|------------------------------|-----------------------------|------------|
| Other (please specify below):  |                              |                             |            |
|  |                              |                             |            |
| <b>3. Is the applicant affiliated with a franchise?</b>  |                              |                             |            |
| <input type="checkbox"/> Yes   |                              | <input type="checkbox"/> No |            |
| <b>4. Please advise if income is derived from any of the following:</b>  |                              |                             |            |
| a) construction/development activities   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |            |
| b) sale, management or leasing of properties constructed/developed by the applicant or any related entity            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |            |
| c) from the sale of agent owned properties   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |            |
| d) sale of real estate at any one location or development (subdivision) or one builder/ developer                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |            |
| e) from real estate auctioneering, business brokering and/or referral services                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |            |
| <b>5. Is more than 25% of income derived from foreclosure sales/REO/short sales?</b>                                 |                              |                             |            |
| <input type="checkbox"/> Yes   |                              | <input type="checkbox"/> No |            |
| <b>6. Do you derive income from any activity/profession other than from the scope of a real estate organization?</b> |                              |                             |            |
| <input type="checkbox"/> Yes   |                              | <input type="checkbox"/> No |            |
| if "Yes," please advise details:   |                              |                             |            |
|  |                              |                             |            |
| <b>7. Does more than 10% of the applicant's transactions involve services as a dual agent?</b>                       |                              |                             |            |
| <input type="checkbox"/> Yes   |                              | <input type="checkbox"/> No |            |
| <b>8. Does the average value of properties sold exceed \$500,000?</b>  |                              |                             |            |
| <input type="checkbox"/> Yes   |                              | <input type="checkbox"/> No |            |
| <b>9. Expiring insurance information:</b>  |                              |                             |            |
| Carrier:   |                              | Limits:                     | Retention: |
| Premium:   |                              | Retroactive date:           |            |



## Signature

**This Supplemental Application must be signed by the Chief Executive Officer, Chief Financial Officer, or General Counsel of the Named Applicant or their functional equivalent.**

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Supplemental Application shall be the basis of the contract should a Policy be issued. The Underwriter is hereby authorized to make any investigation and inquiry in connection with this Supplemental Application as they may deem necessary. The Underwriter will have relied upon such Applicant, attachments, and such other information submitted therewith in issuing such policy. The undersigned further certifies that he/she has read the applicable fraud notices referenced below in this Supplemental Application and that none of the information provided herein has been provided in violation of any applicable insurance fraud laws or regulations.

|                                  |  |
|----------------------------------|--|
| <b>Applicant Name</b>            |  |
| <b>By (Authorized Signature)</b> |  |
| <b>Name/Title</b>                |  |
| <b>Date</b>                      |  |