



**REAL ESTATE PROFESSIONAL ERRORS AND OMISSIONS INSURANCE  
OTHER REAL ESTATE SERVICES SUPPLEMENTAL APPLICATION**

Firm Name \_\_\_\_\_

**REAL ESTATE APPRAISER INFORMATION:**

Only answer the following questions if the applicant provides real estate appraisal services. (Applies only to formal appraisals, not market comparisons)

1. a. Indicate the number of appraisers who have attained designations related to the appraisal market: \_\_\_\_\_
- b. Indicate the number of appraisers who participated in a continuing education program in the past twelve months related to the appraisal market: \_\_\_\_\_
2. Are written agreements between the applicant and the bank or financial institution in place that outline the duties of the appraiser and the fees charged for such services?  Yes  No
3. Does the Applicant use appraisal forms that comply with all USPAP standards for all appraisals? If no, please attach a copy of the appraisal form that is used.  Yes  No

4. Appraising Fees

	Last 12 Months Fees	Last 12 Months # of Transactions
Residential		
Commercial		
Right-of-Way		

**REAL ESTATE AUCTIONEER**

1. Does the Applicant always put properties to be auctioned on display for inspection prior to auctioned?  Yes  No
2. Does the Applicant provide any written guarantee relating to authenticity or condition of properties being auctioned?  Yes  No

3. Auctioning Fees:

	Last 12 Months Fees	Last 12 Months # of Transactions
Auctioning of Real Property		

**MORTGAGE BROKER INFORMATION**

1. Indicate percentage for the following types of loans:
  - a. Residential \_\_\_\_\_ %
  - b. Commercial \_\_\_\_\_ %
  - c. Other, please specify \_\_\_\_\_ %
2. How many years mortgage brokering experience does the applicant have? \_\_\_\_\_
3. In what states are you licensed to perform mortgage brokering services? \_\_\_\_\_

4. In transactions where the applicant serves as both real estate agent/broker and mortgage broker, does the applicant inform the client that they are under no obligation to use the Applicant's mortgage broker services?  Yes  No

5. Mortgage Brokering Fees

	Last 12 Months Fees	Last 12 Months # of Transactions
Mortgage Brokering		

6. Total dollar amount of all mortgages placed during the past 12 months? \$ \_\_\_\_\_

7. Maximum value of any one mortgage? \$ \_\_\_\_\_

8. Does the applicant have any form of discretionary loan making or loan underwriting authority?  Yes  No

If yes, please describe:

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**PROPERTY MANAGER INFORMATION**

1. Does the Applicant enter into a contract with each owner? **If yes, please attach a copy of the agreement. If no, please provide an explanation.**  Yes  No

2. Does the Applicant hire contractors to provide services for any managed properties? **If yes, does the applicant require certificates of insurance from each contractor?**  Yes  No

3. What is the average dollar amount of the Applicant's authority for capital improvements, repairs, etc.? \$ \_\_\_\_\_

4. Does the Applicant require liability insurance to be in place for all properties managed? **If yes, indicate how liability insurance coverage is verified (check all that apply):**

- The property manager is responsible for maintaining coverage.
- The property manager requires certificates of insurance from the owners of properties managed.
- Other, please explain on a separate sheet

Yes  No

5. Please provide a breakdown of property managed:

Property Type	Number of Units/Sq. Ft.	Gross Property Management Income
1-4 Family Residential	Units	
Apartments	Units	
Condominiums/Cooperatives	Units	
Shopping Centers	Sq Ft	
Office Buildings	Sq Ft	
Commercial	Sq Ft	
Other		

6. Do you have any ownership interest in properties managed? **If yes, what percentage of your property management revenues does this represent?** \_\_\_\_\_%  Yes  No

7. Indicate the number of property managers who hold professional designations related to the property management market: \_\_\_\_\_

## APPLICANT FRAUD WARNINGS

**NOTICE TO ALABAMA APPLICANTS:** 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 ARKANSAS APPLICANTS:** 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 COLORADO APPLICANTS:** 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 DISTRICT OF COLUMBIA APPLICANTS: 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 FLORIDA APPLICANTS:** 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 KANSAS APPLICANTS:** A "fraudulent insurance act" means an act committed by 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 LOUISIANA APPLICANTS:** 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 MAINE APPLICANTS:** 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 denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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 OHIO APPLICANTS:** 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 OKLAHOMA APPLICANTS: 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 PENNSYLVANIA APPLICANTS:** 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 PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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 TENNESSEE APPLICANTS:** 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 VIRGINIA APPLICANTS:** 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 WASHINGTON APPLICANTS:** 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 WEST VIRGINIA APPLICANTS:** 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 ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

**NOTICE TO NEW YORK APPLICANTS:** 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.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_