



KANSAS OWNERSHIP INTEREST SUPPLEMENT

Please answer all questions. This completed Supplement will be considered a part of the application for insurance coverage.

1. Does the firm or any of its agents list/sell properties developed or constructed by a separate business entity owned by the firm or any of its agents? _____

If yes, please provide the following:

- Name of the business entity _____
- Percentage of the business entity owned by the firm or agent _____ %
- Number of years the entity has been in business _____
- Number of years the entity has operated in the same area _____
- Number of years of development/ construction experience key personnel have _____
- Types of properties developed or constructed by the business entity

Residential or commercial _____

2. Please provide the amount of gross commissions derived during the past twelve months from the sale of properties developed or constructed by a separate business entity owned by the firm, any of its agents, or an immediate family member:

Residential Gross Commission Income \$ _____

Commercial Gross Commission Income \$ _____

3. Have any errors and omissions claims been made during the past 5 years against the firm or any of its agents involving the listing or sale of properties developed or constructed by a separate business entity owned by the firm, any of its agents, or immediate family member? **If yes, please complete a claim supplement for each loss.**

4. Does the firm or any of its agents have knowledge or information of any circumstance or incident or any allegation or contention of any incident, which may result in any claim being made against them involving these types of transactions? **If yes, please complete a claim supplement and report this claim immediately to your current carrier.**

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.

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: _____