

PROPERTY MANAGERS GENERAL LIABILITY SUPPLEMENTAL APPLICATION

ACCIDENT/MADISON INSURANCE COMPANY

APPLICANT INFORMATION SECTION

1. Applicant's Legal Name: _____

2. Applicant is a: Corporation LLC Partnership Sole Proprietor
 Other: _____
3. Mailing Address: _____
4. Business Address: _____
5. Contact Name and Phone Number: _____
6. Website Address: _____

AGENCY INFORMATION

1. Agency Name: _____
2. Agency Address: _____
3. Producer's Name and Phone Number: _____

NEW VENTURE SUPPLEMENTAL

1. Years under current name: _____ **If less than 3 years please complete the following:**
2. Date business established: _____
3. Years of related experience: _____
4. List all business names that applicant has owned in the past: _____

5. Brief summary of property management experience:

APPLICANT'S OPERATIONS

1. Description of applicant's operations :

2. Number of Owners: _____

Number of property managers: _____

Number of maintenance/service personnel: _____

3. Total annual receipts for the next 12 months: \$ _____

4. What % of your work is subcontracted: _____ %

5. Insured subcontractor costs: Labor:\$ _____ Materials: \$ _____

6. Uninsured subcontractor costs: \$ _____

What type of work do they do for the applicant: _____

7. Gross receipts last year: \$ _____

8. Types of Properties Managed and % of receipts from each:

- | | |
|-----------------------------|---------|
| • 1-4 Family Dwellings | _____ % |
| • Apartments | _____ % |
| • Condominiums | _____ % |
| • Shopping Centers | _____ % |
| • Office Buildings | _____ % |
| • Mobile Home/RV Parks | _____ % |
| • HUD/Government Subsidized | _____ % |
| • Other: _____ | _____ % |

9. Do any of the properties managed have any of the following:

- | | | |
|---------------|------------------------------|-----------------------------|
| • Marina | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Restaurant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Bar | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Golf course | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. Does the applicant have any financial interest in any of the properties they manage? Yes No

11. Is the applicant involved with property/real estate development or construction activities? Yes No

<p>12. Is the applicant responsible for maintaining the security of any property managed?</p> <ul style="list-style-type: none"> • If yes, is an outside guard service employed? • If yes, is the applicant named as an additional insured by the 3rd party guard service? 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Does the applicant require all subcontractors to carry GL limits equal to theirs, be named as an additional insured and provide a hold harmless in their favor?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Do you or any officer, owner or partner have a prior felony conviction?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Do your operations include any snow plowing or snow/ice removal? If yes, is this operation subcontracted to an insured entity?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

LOSS HISTORY	
<p>1. Has this business had any general liability claims?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. If yes, please provide dates, details and amount paid or reserved for each:</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	

<p>Please explain any "Yes" answers above or enter any comments you have about this risk:</p> <hr/> <hr/>

<p>List any additional insureds required:</p> <p>a.</p> <p>b.</p> <p>c.</p>

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant's Signature _____ Date _____ Title _____

Producer's Signature _____ Date _____