

**BEST CHOICE INSURANCE AGENCY**

15 Village Square Center

St. Louis, MO 63042

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**PROPERTY MANAGERS PROFESSIONAL LIABILITY**

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Web Site: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. List complete addresses of all additional offices on a separate sheet; if none, check here \_\_\_\_\_
6. Date Business was established \_\_\_\_\_
7. Years of Property Management Experience of Principal/Partner: \_\_\_\_\_
8. Business is licensed as a: Corporation \_\_\_ Partnership \_\_\_ LLC \_\_\_ Individual \_\_\_  
Sole Proprietorship \_\_\_\_\_

9. Total number for each category (list each person only once, identifying their primary area Of responsibility)

	<b><u>FULL TIME</u></b>	<b><u>PART TIME</u></b>
Property Managers	_____	_____
Real Estate Agents	_____	_____
Appraisers	_____	_____

10. Income from Property Management Services or leasing in the last 12 months:

	Amount of Projected Commission	Number of Units/Square Footage	
	<u>Commission Income</u>		
(a) Condo/Homeowner Assoc. _____	_____	_____	units
(b) Apartments/Cooperatives _____	_____	_____	units
(c) Vacation Properties _____	_____	_____	units
(d) Individual Home Mgmt _____	_____	_____	sq ft
(e) Office Buildings _____	_____	_____	sq ft
(f) Shopping Centers/Malls _____	_____	_____	sq ft.
(g) Industrial/Mfg Warehouses _____	_____	_____	sq ft
(h) Other _____	_____	_____	sq ft
TOTALS:	_____	_____	

11. Do you derive more than 50% of your income from residential management (a, b and c above) \_\_\_\_\_
12. What percentage of units managed are involved with placement of tenants? \_\_\_\_\_

13. What is the average individual unit value of the property under management? \_\_\_\_\_
14. Any past or present engagement in any business venture outside the scope of Property Management? \_\_\_\_\_ If yes, provide details including the amount of income from these activities \_\_\_\_\_
15. Are you involved in any group investments, syndications, Real Estate Investment Trusts or limited Partnerships for the purpose of investing in real estate? \_\_\_\_\_
16. Do you have ownership interest in any of the properties you manage? \_\_\_\_\_ If so, please Provide a list on a separate sheet of all the properties that you have an ownership interest in and The percentage of ownership in each.
17. Do you currently carry General Liability insurance? \_\_\_\_\_

**ACTIVITY OTHER THAN PROPERTY MANAGEMENT**

Other Income. Gross revenue for the past 12 months, including fees and commissions, derived from the Sale of properties; NOT the value of the properties sold.

Projected Income	Gross Income		Number of	
	<u>Last 12 Months</u>	<u>Transactions</u>	<u>Next 12 Months</u>	
Residential Sales*	_____	_____	_____	_____
Commercial Sales	_____	_____	_____	_____
Real Estate Appraisal**	_____	_____	_____	_____
Other (Describe)	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____

**\*Residential Real Estate means any property containing a single-family dwelling or multiple family dwelling of up to 4 units. Any properties with more than 4 units are considered commercial.**  
**\*\* If more than 35%, an Appraisers Addendum must be completed.**

18. Current E & O Insurance: Insurance Company \_\_\_\_\_ Policy Period \_\_\_\_\_  
 Limit \_\_\_\_\_ Premium \_\_\_\_\_ Deductible \_\_\_\_\_ Retroactive Date \_\_\_\_\_

Options available for Tenant Discrimination Coverage and Employment Practices Coverage subject to completion of the Supplemental Questionnaire.

Signature of the Applicant of the Insured \_\_\_\_\_  
 Firm \_\_\_\_\_ Must be signed by a Principal, Partner or Officer of the

Date: \_\_\_\_\_

## **SUPPLEMENT TENANT DISCRIMINATION COVERAGE DETAILS**

1. 1. Are all properties in full compliance with statutory and regulatory requirements for persons with Physical handicap? Yes\_\_\_\_\_ No\_\_\_\_\_
2. 2. Is more than 25% of the applicant's income from properties financed by the Housing and Urban Development (HUD) Yes\_\_\_\_\_ No\_\_\_\_\_
3. 3. Does the organization currently carry Tenant Discrimination Coverage? Yes\_\_\_\_\_ No\_\_\_\_\_
4. 4. Is the applicant or anyone for whom this insurance will apply aware of any:
  - a) a) claim alleging Discrimination or violation of any Fair Housing Act made against them in the past 5 years? Yes\_\_\_\_\_ No\_\_\_\_\_
  - b) b) Fact, circumstance, act or omission which might reasonably be expected to be the basis Of a claim or suit against them? Yes\_\_\_\_\_ No\_\_\_\_\_

## **SUPPLEMENT EMPLOYMENT PRACTICES COVERAGE DETAILS**

1. Total number of Employees: Full time\_\_\_\_\_ Part time \_\_\_\_\_
2. 2. Total number of superintendents and maintenance staff who are employed by the owner of The property being managed. Do not include independent contractors.  
Full time\_\_\_\_\_ Part time\_\_\_\_\_
3. 3. Has there been any reduction of employees in the past 12 months or an anticipated reduction In the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_
4. 4. Does the organization currently carry Employment Practices Liability? Yes\_\_\_\_\_ No\_\_\_\_\_
5. 5. Within the past 5 years has the Organization or any individual proposed for Insurance, Received any employment related inquiry, complaint or notice of hearing from any Municipal, State or Federal Regulatory Authority or Congressional or Legislative Committee (including, but not limited to, Equal Employment Opportunity Commission (E.E.O.C.) and State Human Rights cases? Yes \_\_\_\_\_ No \_\_\_\_\_
6. 6. Within the past 5 years, has any employment related claim been made, or is any employment Related claim of Sexual Harassment, Discrimination or Wrongful Termination now pending Against the Organization or any person proposed for Insurance in the capacity of either Director, Officer or Employee of the Organization? Yes\_\_\_\_\_ No \_\_\_\_\_
7. 7. Is any person proposed for this Insurance aware of any fact, circumstance or situation which

May result in an employment claim including, but not limited to, Sexual Harassment, Discrimination or Wrongful Termination against the Organization or any of its Directors, Officers or Employees? Yes \_\_\_\_\_ No \_\_\_\_\_

**RECOMMENDED WRITTEN POLICIES – PLEASE IDENTIFY POLICIES APPLICANT HAS IN PLACE:**

Employment Application with “At Will” Statement	_____ Yes	_____ No
Employee Handbook	_____ Yes	_____ No
Company Email/Internet Policy	_____ Yes	_____ No
Sexual Harassment Policy	_____ Yes	_____ No
Anti-Discrimination Policy	_____ Yes	_____ No
Third Party Discrimination Policy	_____ Yes	_____ No

Signature of the Applicant of the Insured

\_\_\_\_\_ **Must be signed by a Principal,  
Partner or Officer**

Date: \_\_\_\_\_