



Best Choice Insurance Agency
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PROPERTY MANAGERS PROFESSIONAL LIABILITY

Fill in form & print then FAX TO: 636-229-4810

ATTN: Pamela Hopper or Mike Boone

or

Fill in form, save to computer and email to service@bestchoiceinsurance.com

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)

FULL TIME PART TIME

Property Managers _____

Real Estate Agents _____

Appraisers _____

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

Amount of Number of

Projected

Commission Units/Square Footage

Commission Income

(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.

Gross Income Number of

Projected Income

Last 12 Months Transactions Next 12 Months

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 _____

Must be signed by a Principal, Partner or Officer of the

Firm

Date: _____

SUPPLEMENT

TENANT DISCRIMINATION COVERAGE DETAILS

1. Are all properties in full compliance with statutory and regulatory requirements for persons with

Physical handicap? Yes _____ No _____

2. Is more than 25% of the applicant's income from properties financed by the Housing and

Urban Development (HUD) Yes _____ No _____

3. Does the organization currently carry Tenant Discrimination Coverage?
 Yes _____ No _____
4. Is the applicant or anyone for whom this insurance will apply aware of any:
 a) claim alleging Discrimination or violation of any Fair Housing Act made against them in the past 5 years? Yes _____ No _____
 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. 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. Has there been any reduction of employees in the past 12 months or an anticipated reduction In the next 12 months? Yes _____ No _____
4. Does the organization currently carry Employment Practices Liability?
 Yes _____ No _____
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. 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. 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: _____