



AMERICAN INTERNATIONAL COMPANIES ®

Name of Insurance Company
To Which Application is Made: \_\_\_\_\_
(herein called the Insurer)

REAL ESTATE AGENTS & BROKERS SUPPLEMENTAL APPLICATION

NOTE: PLEASE BE ADVISED THAT ALL QUESTIONS ARE ASKED WITH REGARD TO PROFESSIONAL SERVICES PERFORMED FOR OTHERS

- 1. Name of Applicant: \_\_\_\_\_
2. List all staff (all employees to be counted only once):

Table with 5 columns: Category, Full-Time, Part-Time, Inactive, Total. Rows include Principals/Owners, Salesmen/Brokers (on salary or commission), and TOTAL STAFF.

- 3. Breakdown of Gross Revenue from Real Estate Activities for most recent twelve (12) months (include all fees and commission before expenses):

Table with 2 columns: Activity, Revenue. Rows include Residential R/E Commissions, Commercial R/E Commissions, R/E Leasing Commissions/Fees, Other (Describe), and Total Gross Revenue.

- 4. Does the Insured have any direct or indirect beneficial ownership interest as a buyer or seller of real property? Yes [ ] No [ ]
5. Is the applicant involved in any syndication, development, general partnership or real estate investment trust (REIT) activities? Yes [ ] No [ ]
6. What percentage of your revenues are derived from the following:
\_\_\_\_\_ % Real Estate Agent \_\_\_\_\_ % Title Agent\*
\_\_\_\_\_ % Real Estate Broker \_\_\_\_\_ % Escrow Agent\*
\_\_\_\_\_ % Real Estate Property Manager\* \_\_\_\_\_ % Real Estate Appraiser\*
\_\_\_\_\_ % Other (specify)

\* Please complete appropriate questionnaire for each of the above services you provide.

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

**THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE INSURER TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_