



AMERICAN INTERNATIONAL COMPANIES ®

Name of Insurance Company

To Which Application is Made: _____

(herein called the Insurer)

PROPERTY MANAGERS SUPPLEMENTAL APPLICATION

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

1. Name of Applicant: _____

2. Please provide a listing of top 5 properties managed, by revenue, the type of property (e.g. residential, commercial, office, industrial), the full value of each property, amount of ownership/equity interest therein and amount of:

Table with 5 columns: Location/ Address, Type of Property, Ownership (Y/N), Percent Equity, Market Value. Rows 1-5.

3. Is a credit report obtained on all prospective tenants? Yes [] No []

If "No," please explain:

Five horizontal lines for explanation.

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

Named Applicant _____

Date _____

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: _____
