



Property Managers Product

PROPERTY MANAGERS PACKAGE SUPPLEMENT

Please complete all sections of this application and have signed by the applicant.

SECTION I. WRONGFUL EVICTION/PERSONAL INJURY

- 1. Is the applicant or anyone for whom this insurance will apply aware of any:
 - a. Wrongful eviction/personal injury claim 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 wrongful eviction/personal injury claim or suit against them? Yes No

SECTION II. PREMISES PREFERRED

- 2. Need applicant's complete location address. Please be sure to include the zip code.

- 3.
 - a. Is the office located at the site of the managed location? Yes No
 - b. Is the office located in a business park? Yes No
 If yes to either 3a or 3b, please answer the following questions:
 - 1. Please provide the exact address (including unit number) of the applicant's office:

 - 2. Is there a workout facility or recreational facility located at the same location as the Property Manager' office? Yes No
- 4.
 - a. Is the office rented by the applicant? Yes No
 - b. Is the office owned by the applicant? Yes No
 If yes to either 4a or 4b, please answer the following questions:
 - 1. What percentage of the property is utilized by your office? _____ %
 - 2. Are there any other tenants in the building? Yes No
 - 3. What other types of business occupy the building? _____
- 5. Any General Liability claims paid or pending in the past 3 years? Yes No

If yes, please list (by year): _____
- 6. Any Property claims paid or pending in the past 3 years? Yes No

If yes, please list (by years): _____
- 7. Personal Property Limit: _____
- 8. Property Protection Class (1-10): _____
- 9. Gross square footage your business occupies _____

Signature of the Applicant of the Insured: _____

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

Date: _____