



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
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REAL ESTATE PROPERTY MANAGERS SUPPLEMENTAL APPLICATION

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

UNDERWRITING

1. Do you only provide services to others as outlined in a contractual agreement? Yes No

If yes: Provide a copy of all contracts used.

If no: Explain when you would not use a contractual agreement: _____

2. Do you ever use someone else's contract? Yes No

3. Does anyone other than a principal have the authority to amend the stated contract or agreement for a particular engagement? Yes No

4. Does the contract used include a hold harmless in your favor? Yes No

5. Does your contract require the property owner to name you as Additional Insured on their policy? Yes No

6. Do you obtain verification of General Liability Coverage from all owners of sites managed with limits of at least \$1,000,000 per Occ/\$1,000,000 Personal & Advertising Injury/\$2,000,000 General Aggregate? Yes No

If yes: Indicate how liability insurance coverage is verified (check all that apply):

The property manager is responsible for maintaining coverage.

The property manager requires certificates of insurance from the owners of properties managed.

Other, please explain. _____

7. Please provide the following information for all locations managed:

Loc. #	Location Address	Square footage / # Units	Property Type (i.e. Apts, Merc, LRO, Dwellings, etc.)	Limits Verified As shown in Question 6?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

UNDERWRITING (Continued)

8. What amount of authority (in dollars) do you have for capital improvement and repairs? _____
9. Do you have supervision responsibilities for any employees of your clients? Yes No
 If yes: Explain what operations you are supervising and the number of people being supervised. _____
10. Do you have payroll or subcontractor cost for any of the following exposures? Yes No
 If yes, please provide annual payroll and/or subcontractor cost.

TRADE	PAYROLL	SUBCONTRACTOR COST
CARPENTRY		
MAINTENANCE		
HANDYPERSON		
PLUMBING		
ELECTRICAL		
LANDSCAPING		
SECURITY		
CONSTRUCTION DEVELOPMENT		
ANY OTHER CONTRACTORS*		
ANY OTHER SERVICES*		

* Please explain "Any Other Contractors" or "Any Other Services" performed: _____

11. If subcontractors are used, do you require certificates with limits equal to this application of insurance for each Contractor? Yes No
12. Do you have supervision responsibilities for any employees of your clients?..... Yes No
 If yes, explain what operations you are supervising and the number of people being supervised. _____
13. Have you, or any predecessor firm, at any time engaged in any business venture outside the scope of property management, including but not limited to construction, property development or insurance?..... Yes No
14. During the past 3 years, have any of your principals, partners, officers, directors, employees or independent contractors had more than 20% equity interest in the property they manage? Yes No
15. Do you obtain a credit report for each prospective tenant? Yes No
16. Do you follow formal written procedures in processing tenant evictions?..... Yes No
17. Do your employees drive their own vehicles from site to site on a regular basis?..... Yes No
18. Do you obtain evidence of Personal Auto Coverage with limits of at least 100,000/300,000 for all employees using their own cars for business?..... Yes No
19. List all states in which you operate: _____
20. Are you or any of your employees a licensed Real Estate Agent? Yes No
21. Indicate the percent of revenue for each type of operation.

TYPE	PERCENTAGE	TYPE	PERCENTAGE
REAL ESTATE SALES	%	PROPERTY MANAGEMENT	%
REAL ESTATE APPRAISERS	%	MAINTENANCE SERVICES	%
CONSTRUCTION REPAIRS	%	MORTGAGE BROKERS/BANKERS	%
SECURITY SERVICES	%	REAL ESTATE CONSULTING	%
TIMESHARE SALES	%	ASSOCIATION MANAGEMENT	%
AUCTIONEERING	%	LEASING FEES	%
CONSTRUCTION DEVELOPMENT	%	OWNED PROP. MANAGEMENT	%
PROPERTY RENTAL	%	OTHER:	%

UNDERWRITING (Continued)

22. Are you involved in the sale of any properties that you do not own? Yes No

23. Indicate the percent of the properties you manage:

ARE OWNED BY YOU	%
ARE OWNED BY A RELATED ENTITY	%
ARE NOT OWNED BY YOU OR A RELATED ENTITY	%

24. If you are involved in Real Estate Development, please describe: _____

25. If you are involved in Construction Operations of any kind, please describe: _____

26. Has E&O insurance been purchased? Yes No

27. Within the last 3 years, have you, any subsidiary or any person associated with such entities for whom this insurance is being sought been:

a) the subject of disciplinary action by a regulatory agency or association? Yes No

b) the subject of action where a license was revoked or suspended? Yes No

c) the subject of or involved in any claim, written demand, notice, proceeding or litigation alleging or involving property management services? Yes No

28. If "yes" to any of a) through c) above, please provide details: : _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature	Date	Applicant's Signature	Date
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IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.