

**USF/CRANBROOK INSURANCE COMPANY
PROPERTY MANAGERS LIABILITY APPLICATION**

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Website Address: _____

Proposed Effective Date: From _____ To _____ 12:01 A.M. Standard Time at the address of the applicant.

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

LIMIT OF INSURANCE REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	
Deductible	\$

- Date Business Was Established** _____ **Years of Property Management Experience of Principal/Partner** _____
- How long under present management?** _____
- Name all subsidiary companies/locations and others coming under applicant's control:**
(if none, please state) _____
- Has the applicant sold, acquired or discontinued any operations in the last five years?**
 Yes No If Yes, explain _____
- Is the applicant a member of the Accredited Management Organization (AMO)?** Yes No
Is the applicant a member of the Certified Property Managers (CPMs)? Yes No
- 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		
Maintenance		
Other ()		

- Income from Property management services or leasing in the last 12 months (If in operation under 12 months, please provide projected commission figures):**

	Amt. Of Commission Income	# of Units/ Sq. footage	Projected Commission Income
(A) Condo/Homeowner Assoc. Mgmt.		units	
(B) Apt./Cooperatives		units	
(C) Vacation Properties/Individual Home Management		units	
(D) Office Buildings		sq. ft.	
(E) Shopping Centers/Malls		sq. ft.	
(F) Industrial/Manufacturing/Warehouses		sq. ft.	
(G) Other			
Totals			

8. If the applicant derives more than 25% of their income from residential management properties (A,B and C above), what is the:

a. Average age of the property under management? _____

b. Average monthly rental? \$ _____

9. Which of the applicant's managed properties are owned, leased or rented?

(use a separate sheet of paper if necessary):

Properties	Owned	Leased	Rented

10. Does the applicant carry and Errors and Omissions coverage? Yes No

11. Has the applicant or any past or present staff member had their license revoked, or been subject to disciplinary action or investigation by any State Licensing Board or other regulatory body? Yes No If Yes, please advise details, date of occurrence and copy of findings by Regulatory body.

12. Is the applicant or anyone for whom this insurance will apply aware of any:

a. General Liability claim made against them in the past 5 years? Yes No

b. Fact, circumstance, situation, act or omission which might reasonably be expected to be the basis of a claim or suit against them? Yes No

If Yes, please advise details, including date of occurrence _____

13. Do the properties the applicant manages have their own General Liability Ins. coverage?

Yes No If Yes, are you named as an additional insured on their policies? Yes No

Do you obtain Certificates of Ins.? Yes No

14. Do the properties the applicant manage have a formalized maintenance schedule or on-site maintenance and security staffing? Yes No

If Yes, explain _____

15. If the properties the applicant manages has a formalized maintenance schedule or on-site maintenance and security staffing are subcontractors used? Yes No

If Yes, please answer the following:

a. Does the applicant require the subcontractors to name the applicant as additional insured on their policies? Yes No

b. Does the applicant require the subcontractors to carry limits of insurance equal to or greater than the limits of insurance provided the applicant? Yes No

c. Does the applicant allow uninsured subcontractors to be used? Yes No

d. Is there a Hold Harmless agreement between the applicant and subcontractors that is in favor of the applicant? Yes No

16. Is there a property management agreement between the applicant and the properties the applicant manages? Yes No

17. What degree of liability is assumed by the applicant in regards to on-site liabilities, such as slips, trips, and falls? _____

18. Attach a list or breakdown of properties the applicant anticipates managing for the upcoming year.

19.

Loc. No.	Classification	Class Code	Premium Basis:		Terr.
			(s) Gross Sales	(a) Area	
			(p) Payroll	(t) Other	
			(c) Total Cost		

20. **Current and prior General Liability Insurers and Loss History. Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.** See loss run attached.

Year	Ins. Co.	Losses Paid	Losses Reserved	Description

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN THE STATES OF UTAH, CONNECTICUT AND OHIO):

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT:
