



SUPPLEMENTAL APPLICATION FOR PROPERTY MANAGERS

(to be attached to an E&O application)

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. Name of Applicant: _____

2. Indicate all buildings and / or properties managed with a brief description, name of owner(s), the value and rental value for each building (please attach a separate sheet if necessary):

Name of Owner(s)	Description	Building Value	Rental Value
		\$	\$
		\$	\$
		\$	\$
		\$	\$

3. Is the Applicant involved in any property development or construction activities? Yes No
If Yes, provide details:

4. Does the Applicant have any involvement in Reserve Funds Studies? Yes No
If Yes, please provide full details:

5. Indicate the percentage of total fees derived from the following (total must be 100%):

Commercial: _____ %

Industrial: _____ %

Residential: _____ %

Other: _____ % Please Describe: _____

6. Does the Applicant manage any buildings and/or properties for any company or person with which it is affiliated? Yes No

If Yes, indicate, as a percentage, the Applicant's ownership interest in each of the buildings and/or properties identified in Question 2:

7. Does the Applicant manage any properties for non-residents? Yes No

If Yes, does the Applicant submit payments to the Canada Revenue Agency as legislated by the Income Tax Act or any other applicable acts? Yes No

If Yes, are such payments, as required by these laws, up-to-date? Yes No

8. Does the Applicant maintain separate trust accounts for each client? Yes No

9. How many years does the Applicant maintain documents for each property managed? _____

10. Is a budget prepared for each managed property? Yes No

11. Is the Applicant responsible for negotiating, effecting or maintaining insurance coverage on the managed properties? Yes No

12. Please attach the most recent year end financial statements for the Applicant.

This Property Managers Supplemental Application is attached to and forms part of the Miscellaneous Professional Liability Insurance Application. It is subject to the same provisions concerning representations made as in the basic Application.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY:

EMAIL:

**For contact information visit:
www.markelinternational.ca**