

COVER-PROSM APPLICATION

PROPERTY MANAGER SUPPLEMENT

1. Full name of the Applicant Firm:

2. What percentage of the Applicant's gross annual revenue comes from the following activities?

	<u>Current Year</u>	/	<u>Projected Next Year</u>
Residential real estate:	\$	/	\$
Farm and /or ranch commissions:	\$	/	\$
Commercial / Industrial commissions:	\$	/	\$
Real estate leasing fees (property not managed):	\$	/	\$
Real estate consulting fees:	\$	/	\$
Real estate appraisal fees:	\$	/	\$
Property management fees: (non-owned):	\$	/	\$
Property management fee: (owned):	\$	/	\$
Auctioneering:	\$	/	\$
Mortgage broker** (not mortgage banking / lending):	\$	/	\$

**** If over twenty-five (25)% of receipts, a separate supplemental information is required.**

Note: Staff includes principals and partners. All staff personnel should be included only once.

3. Does the Applicant, its Owners, or Principals engage in any of the following? **If yes, provide complete details.**

			<u>GROSS ANNUAL RECEIPTS</u>
Real estate development / Construction:	Yes	No	\$
Mortgage banking:	Yes	No	\$
Formation, management, or involvement as a Partner, Joint Venture, Sponsor, Promoter, or Underwriter of Group Investment or syndication's (including Limited Partnerships, General Partnerships, Real Estate Investment Trusts or Corporations):	Yes	No	\$
Business opportunity brokerage:	Yes	No	\$

4. Does the Applicant, or any member of your firm have any ownership or equity interest in any of the property that is:

A. sold by the firm?	Yes	No	B. managed by the firm?	Yes	No
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If yes, to either A. or B. above, attach a schedule of such property, including the type of service provided, the percent of interest in the property, and the total gross annual receipts derived from those services.

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| 5. Is the Applicant involved in mobile home park management? | Yes | No |
| 6. Is the Applicant involved in homeowner / condo association management? | Yes | No |
| 7. Is the Applicant involved in commercial management? | Yes | No |
| If yes, please advise the number of stories: | | |
| 8. Is the Applicant involved in nursing home or assisted living center management? | Yes | No |
| 9. Does the Applicant prepare a budget for each property managed? | Yes | No |
| 10. Does the Applicant obtain a credit report for each prospective tenant? | Yes | No |
| 11. Does the Applicant confirm that the owner of the property managed carries comprehensive general liability coverage with limits of at least \$1,000,000? | Yes | No |
| 12a. Are certificates of insurance obtained on all properties? | Yes | No |
| 12b. Are certificates of insurance obtained on all sub-contractors working on the Applicant's properties? | Yes | No |

13. Does the Applicant assume responsibility for maintaining insurance coverage on properties managed?
Yes No

14. Does the Applicant provide security services? Yes No

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Prosm application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title **(Must be Principal, Partner or Officer)**

Signature

Date