



McGOWAN  
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# Navigators Insurance Company



## Real Estate Professionals Errors and Omissions Insurance Application

### Construction/Development Ownership Interest Supplement

1. Full Name of Applicant: \_\_\_\_\_
2. Has the Applicant, or any of its agents, sold or listed for sale any properties that were developed or constructed by a separate business entity owned by the firm, any of its agents or the spouse or domestic partner of an agent or owner?  Yes  No

If Yes, please provide the following:

- a. Name of the business entity: \_\_\_\_\_
- b. Percentage of the business entity owned by the firm or agent: \_\_\_\_\_ %
- c. Percentage of the business entity owned by the spouse or domestic partner: \_\_\_\_\_ %
- d. Number of years the entity has been in business: \_\_\_\_\_
- e. Number of years the entity has operated in the same area: \_\_\_\_\_
- f. Number of years of development/ construction experience key personnel have: \_\_\_\_\_
- g. Types of properties developed or constructed by the business entity:  Residential  Commercial
3. For the past 12 months, please provide the amount of gross commission income (GCI) derived from the sale of properties associated with the separate business entity described in question 2 above:

Residential Property GCI: \$ \_\_\_\_\_ Commercial Property GCI: \$ \_\_\_\_\_

4. During the past 5 years has the Applicant or any of its agents:
  - a. Had any claims made against them involving the entity mentioned in question 2a.above?  Yes  No
  - b. Have knowledge of any act or omissions which might reasonably be expected to be the basis of a claim against them involving the entity mentioned in question 2a.above?  Yes  No

**If Yes to part a. of question 4 above, please complete a Claim Supplement for all claims.  
If Yes to part b. of question 4 above, provide details below:**

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**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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.

**FLORIDA FRAUD WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

**OREGON FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material to the content of the contract commits a fraudulent insurance act, which may be violating state law and may be subject to prosecution for insurance fraud.

**I understand that the information submitted in this supplement becomes a part of my Real Estate Professionals Errors & Omissions Insurance application and is subject to the same representations and conditions.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Florida Agents Only:**

Agent or Producer Name \_\_\_\_\_ License # \_\_\_\_\_

**For New Hampshire Agents Only: Agent Name and Signature Required**

Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_