



McGOWAN  
PROGRAM ADMINISTRATORS  
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# Navigators Insurance Company



## Real Estate Professionals Errors and Omissions Supplement

.Name of Applicant \_\_\_\_\_  
(Company name if applicable)

2. a. Indicate the total number of full time professionals (earning more than \$20,000.00 in annual income): \_\_\_\_\_  
b. Indicate the number of part time professionals (earning \$20,000.00 or less in annual income): \_\_\_\_\_

3. Provide your gross revenues from the last fiscal year (Gross revenues are defined as all fees and commissions before expenses, including fees, commissions and bonuses payable to employees and independent contractors):

	<u>Gross Revenues for</u> <u>Last Fiscal Year</u>	<u># of Transaction sides</u> <u>(closed real estate sales</u> <u>for last fiscal year)</u>	<u>Projected Revenues for</u> <u>Current Fiscal Year</u>	<u>Projected # of</u> <u>Transaction Sides</u>
a. Residential Sales& Leasing	\$ _____	_____	\$ _____	_____
b. Owned Residential Property Sales	\$ _____	_____	\$ _____	_____
c. Residential Appraisals	\$ _____	_____	\$ _____	_____
d. Residential Farm Land	\$ _____	_____	\$ _____	_____
e. Raw Land Zoned Residential	\$ _____	_____	\$ _____	_____
f. Commercial Sales & Leasing	\$ _____	_____	\$ _____	_____
g. Owned Commercial Property Sales	\$ _____	_____	\$ _____	_____
h. Commercial Appraisals	\$ _____	_____	\$ _____	_____
i. Non-Residential Farm Land	\$ _____	_____	\$ _____	_____
j. Raw Land Zoned Non-Residential	\$ _____	_____	\$ _____	_____
k. Sale of Business Opportunities	\$ _____	_____	\$ _____	_____
l. Auctioneering (Real Property)	\$ _____	_____	\$ _____	_____
m. Property Management	\$ _____	_____	\$ _____	_____
n. Mortgage Brokering	\$ _____	_____	\$ _____	_____
(Only if coverage is desired)				
o. Real Estate Consulting	\$ _____	_____	\$ _____	_____
(provide details)				
p. Other (Specify)	\$ _____	_____	\$ _____	_____

Details of Real Estate Consulting (o) and Other (p) from above:

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4. Does the applicant have documented procedures which include instructions on how to handle complaints and compliance with Federal, State and Local statutes?  Yes  No

5. In the past year, what was the average value of properties sold by applicant? \_\_\_\_\_

6. Has any member of your firm been involved in asset or property preservation services including any incidental repair work on bank owned properties within the last 3 year period?  Yes  No

7. Has any member of your firm been involved in property rehabilitation services on bank owned properties within the last 3 year period?  Yes  No

If Yes to question 15 or 16, were all such repairs contracted by you done by a licensed contractor?  Yes  No

8.Has any member of your firm engaged in acquiring the properties or deeds of financially distressed homeowners, including sale – leaseback agreements within the last 3 year period? Yes No N/A

9.a. Has the applicant engaged in any eviction services on pre-foreclosed or bank owned properties within the last 3 years? Yes No

b.If Yes to item 19a, was the preparation, filing and service of the eviction complaint and obtaining the eviction judgment handled by an attorney? Yes No

10.During the past 5 years:

a.Has the applicant been involved in any merger, acquisition, or consolidation? Yes No

If Yes, provide details on a separate sheet and include any name changes for the firm.

b.Has any principal, partner, director, officer, or professional of the applicant performed professional services for any other business which the applicant has any ownership or managerial interest? Yes No

If Yes, provide details on a separate sheet.

11. Does the applicant transact business in multiple states or outside of the United States? Yes No

If Yes, provide details on a separate sheet, including the percent (%) of total gross revenues from each state or country.

**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.

**MAINE FRAUD 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 supplemental questionnaire 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