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Submitted By:
 Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () - / () -
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Property Managers Professional Liability Insurance Application for Insurance & Purchasing Group Membership

CLAIMS-MADE WARNING FOR APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

Application Instructions

Whenever used in this Application, the term **you** or **your(s)** or **the Applicant** shall mean the **Named Insured** and all subsidiaries, unless otherwise stated.

Name, Address, and Contact Information

1. Full Legal Name of Applicant: _____
 "Trade Name" or DBA: _____
2. Mailing Address: _____
 Physical Address (if different): _____
3. Have you ever operated under any other name? 3. Yes No
 If yes, please explain: _____
4. Are you controlled or owned by any other firm or business enterprise? 4. Yes No
 If yes, please explain: _____

General Information

5. State of incorporation (if applicable): _____
6. The Applicant has continuously been in existence since: _____
7. Has the Applicant had a change in ownership or name, including any acquisitions or mergers? 7. Yes No
 If "Yes", explain (include dates): _____

8. Provide the following information for all owners and managers with 5% or greater ownership interest in the Applicant's firm:
(Please use a separate form for additional owners and managers.)

Name	Position	Percentage of Ownership (Must equal 100%)	Year First Licensed

9. How many owners, employees and independent contractors are performing professional services on behalf of the Applicant's firm? Full Time: _____ Part Time: _____ Average Years of Experience: _____
10. List all professional associations to which you belong: _____
11. Does anyone in your company hold any of the following designations: Certified Property Manager

Accredited Property Manager Master Property Manager Other: _____

12. Subcontractors:

- a. Do you use subcontractors? 12.a. Yes No
- b. Are all subcontractors required to carry general liability insurance? 12.b. Yes No
- c. Are all subcontractors required to carry workers compensation insurance? 12.c. Yes No
 If "No" to either b) or c), are the subcontractors required to indemnify you? Yes No
 If "Yes", what is the minimum policy limit: \$ _____
- d. Describe services provided by such subcontractors: _____

13. Do you have a written procedures manual for employees to follow? 13. Yes No

14. Do you have a formalized training program for employees? 14. Yes No

15. Are any significant changes in the nature of your business anticipated over the next 12 months? 15. Yes No

Or have there been any such changes in the past 12 months?

If "Yes", please explain: _____

16. Do you have any subsidiaries for which coverage is requested? 16. Yes No

If "Yes", please complete the schedule below.

Name	% Owned	Year Started	Description of Operations	Entity Type*

*Entity Types: FP=For-Profit (other than Partnership) NP=Non-Profit GP=General Partnership LP=Limited Partnership LLC= Limited Liability Company To enter more information, please attach a separate page to the application.

17. Property Management Revenue sources:

Residential Property Management	Total Revenue – Past 12 mos.	Total Revenue – Projected Next 12 mos.	No. of units managed
a) Apartments/Cooperatives	\$	\$	
b) Condominiums/Town houses	\$	\$	
c) 1. Condominium Association / HOA Management 2. Are you listed on the condo association's D & O coverage?	\$ <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
d) Residential (1-4 family dwellings)	\$	\$	
e) Hotel/Motel	\$	\$	
f) Vacation Rentals	\$	\$	
g) Trailer Parks	\$	\$	
h) Other (please describe):	\$	\$	

Commercial Property Management	Total Revenue – Past 12 mos.	Total Revenue – Projected next 12 mos.	No. of units managed
a) Office Buildings	\$ _____	\$ _____	
b) Shopping centers	\$ _____	\$ _____	
c) Warehouses/Industrial/Manufacturing	\$ _____	\$ _____	
d) Healthcare/Medical facilities	\$ _____	\$ _____	
e) Other: (please describe)	\$ _____	\$ _____	

18. Provide a listing of the five largest properties managed by the Applicant:

Address	Property Type	Est. Property Value	Ownership Interest?
1. _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
2. _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
3. _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
4. _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
5. _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%

19. Indicate the percentage of properties in which you use written contracts: _____%

a. What features does the contract contain: (Select only one)

- Contains Definition of Duties, Obligations, and Hold-Harmless Agreement in Insured’s Favor
- Contains Definitions of Duties and Obligations, but no Hold-Harmless Agreement
- Hold-Harmless and Indemnity Clause in Client’s Favor Only
- Contract Contains Guarantees and/or Express Warranties

If less than 100%, please explain why and how the scope of services to be provided is agreed upon:

20. Is Commercial General Liability (CGL) insurance in place on all properties that you manage? 20. Yes No

a. If “Yes”, what is the limit? \$ _____

b. Are you listed as an Additional Insured on the Property Owners CGL policy? 20.b. Yes No

(It is highly recommended that all property management companies be listed as additional insureds on the Property Owners CGL policy).

21. Please answer a) to c) if the applicant manages apartment buildings:

a. Do you obtain a credit report for each prospective tenant? 21.a. Yes No

b. Do you do background checks on all prospective tenants? 21.b. Yes No

c. Do you have formal written procedures in processing tenant evictions? 21.c. Yes No

If the answer is “No” to any of the above questions, please attach detailed information as to why items are not performed or adhered to.

22. Do you have authority under any agreement with a landlord to make capital improvements, repairs, etc.? 22. Yes No

a. If “Yes”, what is the maximum dollar amount of the Applicant’s authority for capital improvements or repairs, for any one project? \$ _____

b. Do you anticipate a project over your threshold in the next 12 months? 22.b. Yes No

If “Yes”, please describe the project, the amount budgeted and the Applicant’s involvement.

23. Are you required to place any insurance on any of the properties you manage? 23. Yes No

If “Yes”, do you use a licensed Insurance Agent on all properties you are responsible for procuring and maintaining insurance? Yes No

Security and Safety Information

- 24. Do all of the properties you manage meet local, state and federal fire codes? 24. Yes No
- 25. Do you test the following in accordance with local, state and/or federal guidelines?
 - a. Smoke detectors/Fire alarms 25.a. Yes No
 - b. Sprinkler Systems 25.b. Yes No
 - c. Fire extinguishers 25.c. Yes No

Tenant Discrimination Details

- 26. Do you currently carry Tenant Discrimination Coverage on all properties you manage? 26. Yes No
If "Yes", please provide a copy of the declaration page.
- 27. Do you have a written procedures manual for the handling of tenant/other third party relations? 27. Yes No
If "Yes", do they include:
 - a. Anti-discrimination and anti-sexual harassment policies? 27.a. Yes No
 - b. Procedures for handling complaints of discrimination, harassment, and wrongful eviction by a tenant/other third party? 27.b. Yes No
- 28. Do your managed facilities have access for the disabled in compliance with local, state and/or federal laws? 28. Yes No

Real Estate Services Details

- 29. Do you engage in Real Estate Brokerage Services? 29. Yes No
If "NO", please skip this section.

If real estate brokerage services comprise greater than 40% of total annual revenues, or are an amount greater than \$1,000,000 please skip this section and submit a Real Estate Supplemental Questionnaire.

If "Yes", please answer the following questions:

- a. Gross commissions and/or fees for the past 12 months \$ _____
- b. Gross commissions and/or fees for the projected next 12 months \$ _____
- c. Percentage of income derived from
 - i. Residential sales _____ %
Average Value of Residential Property Sold \$ _____
 - ii. Commercial sales _____ %
Average Value of Commercial Property Sold \$ _____
 - iii. Foreclosures/short sales _____ %
 - iv. Dual agency transactions _____ %
 - v. Agent owned transactions _____ %
 - vi. Other, please describe: _____

- d. Have you or any affiliated entity (including their staff or any independent contractors) or spouses of any of the fore-going engaged in any of the following in the last 12 months:
 - i. Real estate construction/development services Yes No
If "Yes", please complete the Construction/Development Supplement for each entity.

- ii. Construction management services Yes No
 If "Yes", please provide complete details, including all entities involved.
- iii. Formation/management of REITS (Real Estate Investment Trust) or any other group investments/syndications? Yes No
 If "Yes", please provide complete details, including all entities involved.

Current Insurance Information

30. Please provide the following information regarding the Applicant's most recent insurance policies. If no coverage is currently in-force please indicate with a N/A.

Insurance Carrier	Expiration Date	Limit of Liability	Deductible	Premium
		\$ /\$	\$	\$
		\$ /\$	\$	\$
		\$ /\$	\$	\$
Retroactive Date:	<i>(This is the date the Applicant first purchased claims made coverage that has been continuously in-force without interruption.)</i>			

Loss Information

31. Within the past 5 years has any claim or suit been made against you, any predecessor firm or any of your current or former professional staff? 31. Yes No
If "Yes", please submit loss runs from your prior carrier (if applicable) and a completed supplemental claims application.
32. Within the past 5 years, does any person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy? 32. Yes No
33. Within the past 5 years, has any person or entity proposed for this insurance been the subject of any disciplinary actions or been cited by any regulatory agency or professional association? 33. Yes No
If "Yes", attach a detailed description of such act, error or omission and an explanation of why to a claim may arise.
34. (Not Applicable in Missouri) Within the past 5 years has any professional liability insurance policy of yours been cancelled or non-renewed? 34. Yes No
If "Yes", please provide full details: _____

Limits and Deductibles

36. Limit requested:
- \$500,000/\$500,000
 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000
 \$2,000,000/\$2,000,000
 \$3,000,000/\$3,000,000
 \$4,000,000/\$4,000,000
 Other: \$ _____
37. Deductible requested:
- \$5,000
 \$7,500
 \$10,000
 \$15,000
 \$25,000
 \$50,000
 Other: \$ _____

Declarations and Notice

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this Application are true and correct and that thorough efforts was made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and that they are material and are the basis for issuance of the insurance policy provided by us. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicants Organization between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately;
- Any policy issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the policy inception date that such information contained in the Application(s) were untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons if such information was material to issuance of the policy. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the policy inception date that such information contained in the Application(s) were untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons and the Applicant Organization if such information was material to issuance of the policy;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature/Title

mm/dd/yyyy

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Please attach a copy of the following for every Applicant seeking coverage:

- Copy of the contract(s) you have in place with the Property Owners
- Previous carriers loss history (for the prior FIVE years), if any
- Copy of the current policy declarations page

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: CLAIM EXPENSES ARE INSIDE THE POLICY LIMITS. ALL CLAIM EXPENSES SHALL FIRST BE SUBTRACTED FROM THE LIMIT OF LIABILITY, WITH THE REMAINDER, IF ANY, BEING THE AMOUNT AVAILABLE TO PAY FOR DAMAGES.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR

CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MICHIGAN AND MINNESOTA APPLICANTS: 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, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY OR FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD ANY INSURANCE COMPANY: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

Supplemental Claim/Incident Information

A separate form should be completed for each claim or incident. This is for underwriting purposes only. If you are reporting a new claim, it needs to be sent to your insurance company for processing. Any claim attached to the application will not be forwarded.

1. Applicant or Insured: _____
2. Individuals within the firm named in the claim: _____
3. Additional Defendants _____
4. Name of Claimant: _____
5. Claim Incident Suit
6. Date of alleged error: ___/___/___ Date you became aware of error: ___/___/___
7. Date Reported to Carrier: ___/___/___ Name of Carrier: _____

8. If Pending: Claimant's Demand \$ _____ Defendant's offer \$ _____ Insurer's Loss Reserve \$ _____ Insurer's Expense Reserve: \$ _____	9. If Closed: Date closed: ___/___/___ Amount Paid Loss \$ _____ Amount Paid Expense \$ _____ <input type="checkbox"/> Court Judgment <input type="checkbox"/> Out of court settlement
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10. Provide a brief description of the claim, include the allegations upon which claim was based: _____

11. Provide a brief description of your actions and liability to the claimant: _____

12. Provide any newly implemented policies or procedures put in place to eliminate or reduce similar claim in the future:

Applicant hereby represents the statements and answers to the questions above and attachments hereto are true and the applicant has not omitted or misrepresented any information. I hereby authorize the release of claim information from any prior insurer of the applicant.

Date _____ *Signature/Title* _____

mm / dd / yyyy (Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)