



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

**APPLICATION FOR REAL ESTATE SERVICES & PROPERTY MANAGEMENT SERVICES  
PROFESSIONAL LIABILITY INSURANCE**

**Notice:** The policy for which application is made applies only to "Claims" first made during the "Policy Period" and reported to the Company during the "Policy Period." The limits of liability shall be reduced by "Claim Expenses" and "Claim Expenses" shall be applied against the deductible.

Please read the policy carefully.

If space is insufficient to answer any question fully, attach a separate sheet.

If response is none, state NONE.

**I. GENERAL INFORMATION**

1. Full name of Applicant: \_\_\_\_\_
2. Principal business premise address: \_\_\_\_\_  
 (Street) (County)  
 \_\_\_\_\_  
 (City) (State) (Zip)
3. Address(es) of Branch Office(s): \_\_\_\_\_
4. Web Site Address(es): \_\_\_\_\_ 5. Phone Number: \_\_\_\_\_
6. Number of employees, including principals, and independent contractors:  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Independent Contractors \_\_\_\_\_ Total \_\_\_\_\_
7. Business is a: [ ] corporation [ ] partnership [ ] individual [ ] other \_\_\_\_\_
8. Date organized (MM/DD/YYYY): \_\_\_\_\_
9. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization?  
 ..... Yes [ ] No [ ]  
 (a) If Yes, are any services provided to such organization(s)? ..... Yes [ ] No [ ]  
 (b) If Yes, to either of the above, provide details. \_\_\_\_\_
10. Is the Applicant a franchisee? ..... Yes [ ] No [ ]  
 If Yes,  
 (a) Name of franchisor: \_\_\_\_\_  
 (b) Does the franchisor require that it be named as an additional insured on the Applicant's Professional Liability Insurance Policy? ..... Yes [ ] No [ ]
11. During the last year has the Applicant been involved in, or are they presently considering or contemplating:  
 (a) Any merger, consolidation or acquisition? ..... Yes [ ] No [ ]  
 If Yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization. \_\_\_\_\_  
 (b) A change in the nature of business operations? ..... Yes [ ] No [ ]  
 If Yes, provide details. \_\_\_\_\_
12. During the last year has the name of the Applicant been changed? ..... Yes [ ] No [ ]  
 (a) If Yes, provide details. \_\_\_\_\_

**II. ADDITIONAL INFORMATION**

1. **If you are a new Applicant with this company**, attach:  
 (a) A list of owners, partners and officers and percentage of ownership of each of the Applicant(s) named in Part I. Item 1. above.

- (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$500,000 or less.)
- (c) Professional qualifications (i.e. resume or c.v.) of each of the owners, partners, officers and key employees of the Applicant(s) named in Part I. Item 1. above.
- (d) Professional societies and organizations to which the Applicant and its owners, partners, officers and key employees belong(s).
- (e) Advertisements, brochures, and descriptive literature on the Applicant's business.
- (f) Sample contract for services between the Applicant and its clients.
- (g) A list of and description of affiliations with any organization owned by any owner, partner or officer of any Applicant.

2. **If you are applying for renewal with this company, attach:**

- (a) A list of owners, partners and officers and percentage of ownership of each in the Applicant(s) named in Part I. Item 1. above.
- (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$500,000 or less.)
- (c) Any changes in any items provided last year pursuant to Items (c), (d), (e), (f) or (g) above.

**III. PROFESSIONAL ACTIVITIES AND SPECIALTY**

1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

	Percentage
(a) Asset Management	_____%
(b) Broker Price Opinions (if not in combination with another listed service)	_____%
(c) Business Brokerage	_____%
(d) Business Valuation	_____%
(e) Construction/Project Manager	_____%
(f) Commercial/Industrial Property Management	_____%
(g) Commercial/Industrial Real Estate Agent or Broker	_____%
(i) Provide the following for commercial properties sold in the past twelve (12) months:	
Number of transactions: _____	
Average property value: \$ _____	
Highest property value: \$ _____	
(h) Loan Modification (if not done as a mortgage broker)	_____%
(i) Mortgage Broker*	_____%
(j) Residential Real Estate Agent or Broker	_____%
(i) Provide the following for residential properties sold in the past twelve (12) months:	
Number of transactions: _____	
Average property value: \$ _____	
Highest property value: \$ _____	
(k) Residential Property Management	_____%
(i) Provide the percentage of management fees derived from each of the following:	
Apartment _____% Home Owners Association _____% Other _____%	
Condo/Coop _____% Timeshare _____%	
(l) Real Estate Appraisal **	_____%
(m) Real Estate or Construction Consultant	_____%
Describe: _____	
(n) Real Estate Development	_____%
(o) Real Estate Leasing Agent	_____%
(p) Other (specify) _____	_____%

TOTAL 100%

\* If Mortgage Brokerage services are provided, also complete Supplement for Mortgage Broker, EO-31001.

\*\* If Real Estate Appraisal services are provided, also complete Supplement for Property Appraisal Services, EO-31021.

- 2. (a) Estimated annual gross revenues, including all fees and commissions and amounts payables to employees and independent contractors for the coming year: \$ \_\_\_\_\_
- (b) Annual gross revenues for the last three years:
  - (i) last twelve months: Year: \_\_\_\_\_ \$ \_\_\_\_\_
  - (ii) 1<sup>st</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_
  - (iii) 2<sup>nd</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_

3. Does the Applicant provide services on behalf of commercial clients? ..... Yes [ ] No [ ]  
 (a) If Yes, describe the Applicant's five largest jobs in the last three years:

Client Name	Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is the Applicant engaged in any business or profession other than as described in Item 1. above? ..... Yes [ ] No [ ]  
 (a) If Yes, explain. \_\_\_\_\_

5. Does the Applicant provide services for foreclosed properties or for short sales? ..... [ ] Yes [ ] No  
 If Yes,  
 (a) Estimated annual percentage of transactions attributable to:  
 (i) Foreclosed properties: \_\_\_\_\_%  
 (ii) Short sales: \_\_\_\_\_%  
 (b) Describe the Applicant's disclosure and inspection procedures for foreclosed properties and for short sales.  
 \_\_\_\_\_

6. Does the Applicant engage in any dual agency transactions? ..... [ ] Yes [ ] No  
 If Yes,  
 (a) Estimated annual percentage of dual agency transactions? \_\_\_\_%  
 (b) Describe the Applicant's procedures for disclosing dual agency representation to all parties involved in the transaction. \_\_\_\_\_

7. Does the Applicant use:  
 (a) A Home Protection or Warranty program? ..... [ ] Yes [ ] No  
 (i) If Yes, what percentage of units sold include such programs? \_\_\_\_%  
 (b) An in-house office policy/procedures manual? ..... [ ] Yes [ ] No

8. Has the Applicant ever been the subject of any disciplinary action by a regulatory agency resulting from the violation of any federal, state or local fair housing law? ..... [ ] Yes [ ] No  
 (a) If Yes, attach a separate page detailing the action(s), the result(s) and steps taken to mitigate future disciplinary actions.

9. Does the Applicant and/or any of its subsidiaries and/or affiliates form, manage or organize group investments/syndications (i.e., limited partnerships, general partnerships, corporations, REITs, etc.) for the purpose of investing in real property? ..... [ ] Yes [ ] No  
 If Yes,  
 (a) Provide details. \_\_\_\_\_  
 (b) Percentage of real estate or property management services provided to properties for which the Applicant has formed an investment vehicle. \_\_\_\_\_%

10. Does the Applicant engage in or own or control any organization that engages in:  
 (a) Title searching, abstracting, escrow or closing services? ..... [ ] Yes [ ] No  
 (i) If Yes, provide details. \_\_\_\_\_  
 (b) Any construction management, construction consulting, property preservation or real estate development? ..... [ ] Yes [ ] No  
 (i) If Yes, provide details. \_\_\_\_\_

11. Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair or maintain property? ..... [ ] Yes [ ] No  
 If Yes,  
 (a) Describe. \_\_\_\_\_  
 (b) Is the work performed by: [ ] the Applicant [ ] a subcontractor hired by the Applicant [ ] other  
 (c) Does the Applicant supervise work while being performed? ..... [ ] Yes [ ] No

12. (a) Does the Applicant, or any principal, partner, officer, director, employee, independent contractor, manager, managing member, subsidiary or affiliated or associated organization acquire properties for the purpose of resale, including acquisition under a Guaranteed Sales Contract? ..... [ ] Yes [ ] No  
 (i) If Yes, provide details. \_\_\_\_\_
13. Does the Applicant have an exclusive listing agreement with any builder or development organization? .. [ ] Yes [ ] No  
 (a) If Yes, provide details. \_\_\_\_\_
- 
14. Does the Applicant provide real estate or property management services on any property in which the Applicant or any other person proposed for this insurance or their spouses or family members, or any parent company or any subsidiary or affiliated or associated organization of the Applicant has or have an ownership interest, in whole or part ("Related Owner")? ..... [ ] Yes [ ] No  
 (a) If Yes, provide the following for each owned real estate property ("Property"). Attach a separate page if more space is needed.

Name of Property	Address of Property	a. Nature of Services Provided by the Applicant to the Property; b. Estimated Annual Fees; and c. Receipts for the Coming Year From Such Services	% Total Combined Ownership Interest Held By All Related Owners	Is the Property a Client of the Applicant? Yes/No	Does the Property have CGL Insurance? Yes/No
		a. b. c.			
		a. b. c.			
		a. b. c.			
		a. b. c.			
		a. b. c.			
		a. b. c.			

15. Is any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer?..... Yes [ ] No [ ]  
 (a) If Yes, provide the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for the Applicant's clients. \_\_\_\_\_

---

**IV. CLAIMS/HISTORY**

---

1. During the last five years, have there been any claims or proceedings arising out of professional services against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance? ..... Yes [ ] No [ ]  
 If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.
2. Is the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance? ..... [ ] Yes [ ] No  
 If Yes, provide details. \_\_\_\_\_
-

3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five years? ..... Yes [ ] No [ ]  
If Yes, attach a copy of such insurer's notice.
4. Has the Applicant and/or any of its principals, partners, owners, officers, directors, managers and/or managing members, employees or independent contractors, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, including licensing, disciplinary actions or notices?..... Yes [ ] No [ ]  
If Yes, provide details on a separate sheet.

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Indicate whether Claims Made or Occurrence policy	Limits of Liability	Deductible	Retro Date

6. Has the Applicant ever had a lapse in Professional Liability Insurance? ..... Yes [ ] No [ ]  
(a) If Yes, provide details. \_\_\_\_\_
7. Does the Applicant carry General Liability Insurance?..... Yes [ ] No [ ]  
(a) If Yes, provide: Insurer: \_\_\_\_\_ Limits: \_\_\_\_\_  
(b) Does coverage include Products/Completed Operations Hazards? ..... Yes [ ] No [ ]

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

No fact, circumstance, situation or incident indicating the probability of a "Claim" or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance, situation or incident, any "Claim" subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that:

- (i) The policy for which application is made applies only to "Claims" first made during the "Policy Period."
- (ii) The limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy; and
- (iii) "Claim Expenses" shall be applied against the "Deductible".

**WARRANTY**

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Must be signed within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SPECIALTY SUPPLEMENT REQUIRED**

Appraiser – Business or Property  
Building/Home Inspector

Our Supplements and Applications are available at [www.markelcorp.com](http://www.markelcorp.com).

**Notice to 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 the person to criminal and civil penalties.