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Home Office: Madison, Wisconsin
Adm Office: 8877 Gainey Center Dr.
Scottsdale, Arizona 85258

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

Real Estate Property Management Supplemental Application
(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

APPLICANT PREMISES OPERATIONS INFORMATION

1. **Named Insured as it is to appear on policy:** _____
2. **Doing Business As:** _____
3. **Mailing Address:** _____
4. **Location of business (if different):** _____
City: _____ State: _____ Zip Code: _____ Phone Number: _____
5. **Contact person:** _____ Title: _____
Daytime phone: _____ Nighttime phone: _____ Fax Number: _____
6. **Website Address:** _____
7. **Does applicant operate any type of business other than that requested by this application?.....** Yes No
If yes, describe: _____
If yes, is this business covered separately for General Liability? Yes No
8. **Any buildings managed over six stories high?.....** Yes No
Total number of stories: _____
If yes:
 - a. Are all life safety standards met? Yes No
 - b. Is an elevator maintenance agreement in place? Yes No
 - c. Is the construction Masonry-noncombustible construction or better? Yes No
 - d. Are the buildings sprinklered?..... Yes No
9. **If managing properties with pool exposures, confirm the following:**
 - a. Are pools fenced with self-latching gates?..... Yes No
 - b. Are rules, hours and depth markers posted? Yes No
 - c. Are pools/spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
 - d. Is life safety equipment available? Yes No

(e) Do any pools have diving boards? Yes No
 If yes, are the boards/platforms over one meter in height? Yes No
 Height of boards/platforms: _____

10. What percentage of units managed is Applicant involved in placement of tenants? %

11. Does applicant have an ownership interest in any of the properties you managed? Yes No
 If yes, provide a list on a separate sheet, of all the properties you have any ownership interest in and the percentage of ownership in each one.

12. Does applicant obtain verification of General Liability Coverage from all owners of sites managed with limits of at least \$1,000,000 per Occurrence/\$1,000,000 Personal & Advertising Injury/\$2,000,000 General Aggregate? Yes No

If yes, indicate how liability coverage is verified:
 The property manager is responsible for maintaining coverage.
 The property manager requires certificates of insurance from the owners of properties managed.
 Other—explain: _____

13. Is applicant listed as additional insured on property management customers' policies? Yes No

14. What amount of authority does applicant have for capital improvements and repairs? \$ _____

15. Does applicant obtain a credit report for each prospective tenant? Yes No

16. Does applicant follow formal written procedures in processing tenant evictions? Yes No

17. Have applicant's employees been trained and certified in fair housing laws? Yes No

18. Show the properties applicant has managed for the past twelve (12) months:

Property Type	Number of Units/ Square Feet/	Number of Pools	Value of Property	Vacancy Rate	Gross Commissions and Fees
1-4 Family Residential	Units				
Apartments	Units				
Commercial/Industrial/ Warehouses	Sq. ft.				
Condominiums	Units				
Farms/Ranches	Units				
Homeowners Association	Units				
HUD—Housing and Urban Development—Section 8	Units				
Office Buildings	Sq. ft.				
RV/Mobile Home Parks	Units				
Senior Housing	Units				
Shopping Centers	Sq. ft.				
Student Housing	Units				
Timeshare Association	Units				
Vacation Properties	Units				
Other:					

Annual Commercial Receipts: \$ _____

Annual Residential Receipts: \$ _____

19. Services offered by applicant:

- Accepting and disbursing rent? Yes No
- Addressing ordinary repair and maintenance? Yes No
- Security services? Yes No
- Janitorial services for managed properties? Yes No
- Services provided for lender in conjunction with foreclosed /REO properties? Yes No
- Other—Describe: _____

20. Does applicant have payroll or subcontractor cost for any of the following exposures? Yes No

Trade	Payroll	Subcontractor Cost	Certificates of Insurance Required and on File
Carpentry			<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Development			<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical			<input type="checkbox"/> Yes <input type="checkbox"/> No
Handyperson			<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance			<input type="checkbox"/> Yes <input type="checkbox"/> No
Landscaping			<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing			<input type="checkbox"/> Yes <input type="checkbox"/> No
Security			<input type="checkbox"/> Yes <input type="checkbox"/> No
Snow Removal			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Contractors*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Services*			<input type="checkbox"/> Yes <input type="checkbox"/> No

*If any other contractors or other services are performed, please explain: _____

21. Is there a written procedure in place for responding to tenants requests for repairs? Yes No

- What is the response time for tenants requests for repairs? _____
- Does applicant maintain service records of all repairs? Yes No
- How long are the records kept? _____

22. Provide information of activities other than property management:

Description	Gross Income Last Twelve (12) Months	Number of Transactions	Projected Income Next Twelve (12) Months
Commercial Sales	\$		\$
Mortgage Brokerage/Financial Arrangements	\$		\$
Real Estate Appraisal Fees	\$		\$
Residential Sales	\$		\$
Other—Describe _____	\$		\$
Total Gross Income	\$		\$

23. Does applicant manage any vacant land/lots?..... Yes No

If yes, number of: acres _____

lots _____

Is there any current or future development activity occurring?..... Yes No

Explain: _____

24. List Additional Interests and Certificate Recipients

Name and Address	Interest

25. Does applicant have a professional liability insurance policy in force? Yes No

26. Does the property owner require that they be named as an additional insured on applicant's policy? Yes No

27. Is the applicant named as an additional insured on the property owner's policy? Yes No

28. DOES APPLICANT HAVE THE FOLLOWING? IF YES, ATTACH COPY.

Rental contract? Yes No

Brochures? Yes No

Send copy of Property Management Agreement with property owners.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 LOUISIANA 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 MAINE 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 may include imprisonment, fines or a 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 who 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 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 fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.