Great American Fidelity Insurance Company Real Estate Professional Errors & Omissions Insurance Other Services Supplement



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'c	omplete the following for each	ch owner or appra	iser performing se	ervices on behalf of	the Applicant (u	se separate sheet if need
	Name	Year Licensed / Certified	Prof. Designation	ns / Years with	11	Туре
		Corumeu	Corumentons		Employee	Independent Contractor
					☐ Subcontractor ☐ Employee	Trainee / Apprentice Independent Contractor
					Subcontractor	Trainee / Apprentice
					☐ Employee ☐ Subcontractor	☐ Independent Contractor ☐ Trainee / Apprentice
	oes the Applicant always use ease list the 3 highest value a					;\$
10	oes the Applicant always use ease list the 3 highest value a ease provide the % of apprais	appraisals perform	ned in the past 3 y	ears: \$; \$	
10	ease list the 3 highest value a	appraisals performsal revenue for ea	ned in the past 3 y	ears: \$; \$; \$; last fiscal year (
10	ease list the 3 highest value a	appraisals performsal revenue for ea	ned in the past 3 y the ch type of appraise venues for Last	ears: \$al performed in the	; \$; \$; ast fiscal year (MUST TOTAL 100% % of Revenues for La
1	ease list the 3 highest value a ease provide the % of apprais Type of Appraisal	appraisals performsal revenue for ea	ned in the past 3 y the type of appraise evenues for Last iscal Year	ears: \$al performed in the	; \$; \$; and the strial Property	MUST TOTAL 100% % of Revenues for La Fiscal Year
le	ease list the 3 highest value a ease provide the % of apprais Type of Appraisal Single Family Dwellings	appraisals performsal revenue for ea	ch type of appraisevenues for Lastiscal Year	ears: \$; \$; \$; Appraisal Istrial Property Retail Store	% of Revenues for La Fiscal Year
10	ease list the 3 highest value a ease provide the % of appraisa Type of Appraisal Single Family Dwellings Multi-Family Dwellings	appraisals performsal revenue for ea	ch type of appraisevenues for Last iscal Year	ears: \$; \$; \$; e last fiscal year (Appraisal astrial Property Retail Store t / Subdivisions	% of Revenues for La Fiscal Year %
le	ease list the 3 highest value at ease provide the % of appraisal Type of Appraisal Single Family Dwellings Multi-Family Dwellings Residential Lots	appraisals performsal revenue for ea	ch type of appraisevenues for Last iscal Year % %	cars: \$	e last fiscal year (Appraisal Instrial Property Retail Store t / Subdivisions / Ranch	MUST TOTAL 100% % of Revenues for La Fiscal Year % %
le	ease list the 3 highest value at ease provide the % of appraisal Type of Appraisal Single Family Dwellings Multi-Family Dwellings Residential Lots Review Appraisals	appraisals performsal revenue for ea	ch type of appraisevenues for Last iscal Year % % %	cars: \$	e last fiscal year (Appraisal Instrial Property Retail Store It / Subdivisions It / Ranch It is larger to the lar	MUST TOTAL 100% % of Revenues for La Fiscal Year % % % %

D43203 CA (03/15)

Property Management Services	Property	Manag	ement	Ser	<u>vices</u>
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1.	Does the Applicant enter into a contract with each property owner? \(\subseteq \forall \text{Yes} \subseteq \subseteq \text{No} \)					
2.	Is a budget prepared for each property managed? Yes No					
3.	Does the Applicant obtain a credit report and perform a background check for each prospective tenant? Yes No					
4.	Are standard management and lease agreements used for all properties? Yes No					
5.	Does the Applicant hire contractors to provide services for any managed properties? Yes No If Yes, does the applicant require certificates of insurance from each contractor? Yes No					
6.	What is the Applicant's average authority for capital improvements, repairs, etc.? \$					
7.	Does the Applicant require liability	insurance to be in place for all	properties managed?	□ No		
8.	Indicate the number of years of pro	pperty management experience:				
9.	Please provide a breakdown of the	types of properties, ownership	and revenues for PM services per	formed in the last fiscal year:		
	Property Type	Number of Units / Sq. Ft.	Gross P.M. Income	% Ownership (if any)		
	1-4 Family Residential	# Units:	\$	%		
	Apartments/ Condominiums	# Units:	\$	%		
	Home Owners Associations	# Units:	\$	%		
	Shopping Centers / Warehouses	Sq Ft:	\$	%		
	Office Buildings / Commercial	Sq Ft:	\$	%		
	Other:	Sq I t.	\$	%		
1.	Mortgage Brokering Services How many years of mortgage brokering experience does the Applicant have?					
2.	In what State(s) are you licensed to	perform mortgage brokering s	ervices?	N/A		
3.	a. Residential:% b. Commercial:% c. Other:% please specify:					
4.	• Indicate the percentage of the Applicant's mortgage brokering services that are performed in relation to loan modifications for financially distressed homeowners:%					
5.	. What was the largest single mortgage brokered in the past 12 months: \$					
6.	In transactions where the Applicant serves as <u>both</u> the real estate agent /broker and the mortgage broker, does the Applicant inform the client that they are under no obligation to use the Applicant's mortgage broker services? Yes No					
7.	Does the Applicant have any form of discretionary loan making or loan underwriting authority? Yes No If Yes, please explain:					

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Construction Development / Ownership Interest Services

1. Has the Applicant, or any of its agents, sold or listed for sale any properties that were developed or constructed by a substitution business entity owned by the firm, any of its agents or the spouse or domestic partner of an agent or owner? Yes						
	If Y	es, 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 geographic area:				
	f.	Number of years of construction development experience by key personnel:				
	g.	Types of properties developed or constructed by the business entity: Residential Commercial				
2.		the past 12 months, please provide the amount of gross commission income (GCI) derived from the sale of properties ociated with the separate business entity described in question 1. above:				
		Residential Property GCI: \$ Commercial Property GCI: \$				
3.	Du	ring the past 5 years has the Applicant or any of its agents:				
	a.	Had any claims made against them involving the entity mentioned 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 above? Yes No					
	If Yes to part a. of question 3 above, please complete a Claim Supplement for all claims. If Yes to part b. of question 3 above, provide details below:					
<u>R</u>	eal]	Estate Consulting / Counseling Services				
1.		riefly describe the nature and type of real estate consulting and/or counseling provided by the Applicant within the past ear (use a separate sheet if necessary):				
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	_	<u> </u>				
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<u>Bu</u>	siness Brokerage Services				
1.	Please provide the Name and the years of business brokerage experience for each agent or broker who is involved in the sale of business opportunities:				
	Agent or Broker's Name	Years of Business Brokering Experience			
2.	Is the Applicant, or the agent or broker responsible for the sale of the business, i sold? Yes No	nvolved in the valuation of the business being			
3.	Does the Applicant disclose to the purchaser in writing that there is no certainty income? \square Yes \square No	or assertion of any future business value or			
	Please provide a copy of the standard disclosure form and any other forms, we during the negotiation and sale of Business Opportunities.	nivers or disclosures used by the Applicant			
4.	Does Applicant provide a written recommendation that each party retain an attorperforming a due diligence review; including evaluation of the income, expense business operations? Yes No	•			
5.	Does Applicant have a written policy prohibiting agency personnel from making accountants selected? Yes No	g recommendations regarding attorneys and			
6.	Briefly describe the number and types of Business Opportunities arranged, nego three years (use a separate sheet if necessary):	tiated or sold by the Applicant within the past			
Ot	her Real Estate Services				
<u> </u>	nei Real Estate Sel vices				
1.	Briefly describe the nature and type of other real estate related services provided separate sheet if necessary):	by the Applicant within the past year (use a			

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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.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

MARYLAND FRAUD WARNING: 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.

I understand that the information submitted in this supplement becomes a part of my Real Estate Professional Liability Insurance application

and is subject to the same representations and co	onditions.	
Print Name		
Signature		
Florida, Iowa and New Hampshire Agents Only	7, please provide the following: License #	
Agent or producer name	Signature:	

The Herbert H. Landy Insurance Agency Inc.

100 River Ridge Drive | Suite 301 | Norwood, MA 02062

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