



IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS.

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENCE EXPENSES, AND THAT DEFENCE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

REAL ESTATE PROFESSIONAL LIABILITY INSURANCE

- A. Please answer all questions in this application. Unanswered questions may result in denial of or delay in receiving a quote.
- B. This application for insurance must be signed by an authorized agent of the Applicant on behalf of the Applicant and all of its partners, owners, shareholders, officers, and employees.
- C. If property management fees constitute greater than 35% of the Applicant's gross revenue, a Supplemental Application for property management must be completed.
- D. If a Policy is issued, it will only provide be applicable to the Errors & Omissions Insurance coverage found in the Underlying Insurance scheduled to the Policy. Extensions of coverage, such as Commission Protection Insurance or Consumer Deposit Insurance are NOT INCLUDED for coverage in the Excess Policy herein applied for.

GENERAL INFORMATION

1. Name of Applicant: _____
 Address: _____
 E-mail: _____ Telephone: _____ Fax: _____
2. (a) Specify if: Individual Partnership Corporation
 Other: (explain) _____
 (b) Year Established: _____
3. Limits of Liability Desired: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000
4. Are you and all individuals who seek coverage under this application registered with the real estate agents licensing authority of the province in which the Applicant's head office is domiciled (as stated in Question 1)?
 Yes No
 State which provinces in which the Applicant is licensed / registered to trade in real estate.

5. Does the Applicant wish to purchase Excess Professional Liability Insurance for their activities outside of Ontario?
 Yes No **NOTE:** Coverage for realtors licensed outside of Ontario will require confirmation from Chubb that those parties are insured under the Excess Policy contemplated by this application.

BUSINESS INFORMATION

6. During the past year, has the name of the Applicant been changed, or has any other business been purchased, merged or consolidated with the Applicant?
 Yes No
 If "Yes", please give particulars: _____

 If "Yes", please also confirm that the answers to Questions 13 through 17 include this entity.

7. Is the applicant firm controlled, owned or associated with any other firm, corporation or company?

Yes No

If "Yes",

(a) please give particulars, including an organizational chart showing the parent company and any subsidiaries.

(b) please describe what, if any, real estate services are provided to this entity, by the Applicant.

8. Staff:

Description	Active Full-time	Active Part-time	Licensed but only involved in Brokerage Management	Total
Principals and Owners				
Employed salesmen or brokers on salary or commission				
Property managers				
Clerical (do not include any licensed staff)				
Other staff not listed above (describe)				

9. Please list the number of licensed realtors employed by the Applicant outside of Ontario, by province or territory

BC _____ AB _____ SK _____ MB _____ QC _____ PE _____
 NB _____ NS _____ NL _____ YT _____ NT _____ NU _____

REVENUE INFORMATION

10. Gross Revenues from Real Estate activities: (Gross Revenue includes all fees and commissions before expenses)

Description (All jurisdictions in Canada where the Applicant employs licensed realtors)	Actual Gross Revenue for Last Fiscal Year	Estimated Gross Revenues for Current Fiscal Year	Budgeted Gross Revenue for Next Fiscal Year	Number of Units Sold or Managed
Residential Real Estate Commission	\$	\$	\$	
Commercial Real Estate Commission	\$	\$	\$	
Property Management Fees — Residential	\$	\$	\$	
Property Management Fees — Commercial	\$	\$	\$	
Real Estate Leasing Fees (Property not managed by Applicant)	\$	\$	\$	
Mortgage Value Appraisal Fees	\$	\$	\$	
Other (describe)	\$	\$	\$	
Total Gross Revenue	\$	\$	\$	

11. What percentage of the Applicant's Actual Total Gross Revenue for the Last Fiscal Year was generated from outside of Ontario? _____ %

12. What was the total value of all buy and sell transactions conducted by the Applicant that closed in the last fiscal year? Ontario \$ _____ Elsewhere \$ _____

INSURANCE INFORMATION

13. Has any policy of or application for similar insurance on the Applicant's behalf or any of its partners, executive officers, directors, brokers or salesmen (whether employees or independent contractors), employees of or on behalf of any predecessors in business ever been declined, cancelled, or renewal refused? Yes No

If "Yes", please attach a separate sheet detailing the following particulars of each cancellation or renewal refusal (Date, Reason for Cancellation or Non-Renewal)

14. Has the Applicant or any director, officer, employee or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities? Yes No

If "Yes", please attach a separate sheet detailing the following particulars of each disciplinary action (Date, Fact Pattern, Final Decision and Sanction Imposed, if any)

15. Please complete the following regarding the firm's excess professional liability insurance for the past three years (coverage the Applicant has purchased in excess of any mandatory insurance):

Name of Insurer	Limits of Liability	Policy Term	Premium

16. Have any professional liability (E&O) claims been made during the past five years against the Applicant or any of its past or present partners, executive officers, directors, brokers or salesmen (whether employees of independent contractors), employees or any predecessors in business? Yes No

If "Yes", please attach a separate sheet detailing the following particulars of each Claim (Date, Name of Claimant, Fact Pattern, Claim Status, Damages Paid, Defence Expenses Paid)

It is agreed that claims made or known prior to the inception of the original policy period are excluded from this proposed coverage.

17. Does any prospective Insured have knowledge or information of any circumstances or any allegations or contentions of any incident which may result in any claim being made against the firm or any of its past or present partners, executive officers, directors, brokers or salesmen (whether employees or independent contractors), employees, or any predecessors in business? Yes No

If "Yes", please attach a separate sheet detailing the following particulars of each circumstance (Date First Known, Name of Potential Claimant, Fact Pattern, Date Reported to Insurers)

It is agreed that, if such knowledge or information exists, any claim arising there from is excluded from this proposed coverage.

Note: This policy does not cover any securitization, syndication, general partnership or similar real estate investment trust activities or any property development, construction activities.

For the purposes of this application, the undersigned authorized agent of all person(s) and entity(ies) 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 company is authorized to make any inquiry in connection with this application. Accepting this application does not bind the company to issue a policy.

The information contained in and submitted with this application is on file with the company and is considered physically attached to this application. This application and such information will become part of, and be considered physically attached to, any policy issued as a result of this application. If, as a result of this application, a policy is issued, the company will have relied upon this application and on such attachments.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the Applicant must notify the company, and the company may modify or withdraw any quotation.

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

- A. the policy for which application is made will apply only to claims first made or deemed made during the period in which the policy is in effect; and
- B. the limits of liability contained in the policy will be reduced, and may be completely exhausted, by the payment of defence expenses and, in such event, the company will not be responsible for the continued defence of any claim or be liable for the defence expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable limit of liability; and
- C. defence expenses will be applied against any applicable deductible.

Note: This application is signed by the undersigned authorized agent of the Applicant on behalf of the Applicant and all of its partners, owners, shareholders, officers, and employees.

APPLICANT		
SIGNED BY (<i>Principal, Partner, or Shareholder</i>)	TITLE	DATE

PLEASE RETURN COMPLETED APPLICATION TO:	ALTERNATIVE RISK SERVICES INC. 250 YONGE STREET TORONTO, ON M5B2L7 FAX 416-408-3721
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**SUPPLEMENTAL APPLICATION FOR
 PROPERTY MANAGERS PROFESSIONAL LIABILITY INSURANCE**

(ATTACHING TO AND FORMING PART OF AN APPLICATION FOR EXCESS REAL ESTATE PROFESSIONAL LIABILITY INSURANCE
 WHERE PROPERTY MANAGEMENT FEES CONSTITUTE GREATER THAN 35% OF THE APPLICANT'S GROSS REVENUES)

NOTICE: WHERE PERMITTED BY PROVINCIAL LAW, THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY "DEFENCE EXPENSES."

NOTICE: "DEFENCE EXPENSES" WILL BE APPLIED AGAINST THE SELF-INSURED RETENTION OR EACH LOSS DEDUCTIBLE, AS APPLICABLE.

1 Name of Applicant:

Web-Site Address(es):

2 Property Management Activities

	Activity	Total Square Footage Under Management
A	Properties that are wholly owned by the Applicant and under the Applicant's self-management	
B	Properties under the Applicant's management that are jointly owned by both the Applicant and others	
C	Properties under the Applicant's management where the Applicant has no ownership interest	

D What percentage of the total portfolio under management is residential? _____%

3 **Please attach** a spreadsheet showing the name of each property under the Applicant's management, with its ownership broken down by percentage held by each owner and its respective square footage

4 What percentage of the Applicant's Professional Services are provided outside of the province in which the Applicant's head office is domiciled? Please list the places outside of the province where your head office is, where such services are performed: _____%

5 Does the Applicant organize or attract investors for group investments, securitizations, syndications, Real Estate Investment Trusts, Limited Partnerships or similar investment vehicles for the purpose of investing in real estate? If YES, **please attach** a full description of these activities over the past 24 months, including the nature of such investment vehicles (to whom they were sold, how the investors were attracted, etc). Yes No

- 6 Is the Applicant responsible for arranging or maintaining the physical security of any properties under management? Yes No
- 7 Does the Applicant have an in-house Policies and Procedures Manual for Property Management mandates? If YES, please describe how it is distributed to employees and how frequently it is updated Yes No
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- 8 Does the Applicant have any formal written loss prevention or loss control guidelines? If YES, please briefly describe these guidelines Yes No
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- 9 Do the Applicant's standard contracts and/or standard engagement letters with client and subcontractors contain the following provisions?
- A A hold-harmless agreement in favour of the client or the sub-contractor? Yes No
- B A hold-harmless agreement in favour of the Applicant? Yes No
- C Any express guarantees or warranties? Yes No
- D A limitation of liability clause in favour of the Applicant? Yes No
- E Alternative Dispute Resolution provisions? Yes No

Attachments

To complete this Supplemental Application, **please attach** the following:

- The additional information required in Questions 3 and 5
- Copy of the Applicant's standard contract used when hiring sub-contractors
- Copy of the Applicant's standard contract used for client engagements

Signature

Signature of an Officer of the Applicant authorized to sign applications for insurance:

Print Name and Title of Signing Officer:

Date

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