

**SUPPLEMENTARY APPLICATION
 ERRORS & OMISSIONS LIABILITY INSURANCE
 PROPERTY MANAGERS**



1. Name of Applicant

2. Please provide the following information on all properties managed:

Name	Address	Value (\$)	Type (Comm./Res.)

If space is insufficient, please attach a separate sheet.

3. Does the applicant, partners, principals or employees have an ownership interest OR have financial control in any of the above properties?
 Yes No If yes, list name of property(ies) and percentage of interest or financial control for each.

4. Please provide the percentage of fees derived from:

a) Investment advice _____ %

b) Project management _____ % (attach copy of agreement)

c) Project co-ordination _____ %

5. Are you responsible for the renewal, non-renewal or cancellation of mortgage(s) or for negotiations with respect to mortgages for or on behalf of clients? Yes No If yes, please provide full details.

6. Please attach a copy of your Standard Property Management contract or agreement.

DECLARATION

The undersigned declares that all statements made in the Supplementary Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application and Supplementary Application shall be the basis of the contract, should a policy be issued.

_____ Signature _____ Title or Position

_____ Date

Must be signed by a Principal, Partner, Controller, Executive Officer, Director or Manager