THE SOVEREIGN GENERAL INSURANCE COMPANY

SUPPLEMENTARY APPLICATION
ERRORS & OMISSIONS LIABILITY INSURANCE

PROPERTY MANAGERS

1. Name of Applicant

2. Please provide the following information on all properties managed: (attach additional sheets if required)

Name	Address	Description	Type (Comm / Res)	#Stories	$ Value

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 co-ordination _____ %

c) Project management _____ %

(attach copy of agreements, if available)

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 cleints?

☐ Yes ☐ No If yes, 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