



GREAT AMERICAN ASSURANCE COMPANY
Real Estate Professional Errors & Omissions Insurance
Other Services Supplement



Please complete only the sections that apply to services performed by the Applicant or Insured

Name of Applicant or Insured: _____

Real Estate Appraisal Services

1. Complete the following for each owner or appraiser performing services on behalf of the Applicant (use separate sheet if needed):

Name	Year Licensed / Certified	Prof. Designations / Certifications	Years with Firm	Type	
				<input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Independent Contractor <input type="checkbox"/> Trainee / Apprentice
				<input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Independent Contractor <input type="checkbox"/> Trainee / Apprentice
				<input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Independent Contractor <input type="checkbox"/> Trainee / Apprentice

2. Does the Applicant use a written agreement that outlines the scope of the assignment, the duties of the appraiser and the fees charged for such services? **Yes** **No**

3. Does the Applicant always use standard appraisal forms that comply with USPAP? **Yes** **No**

4. Please list the 3 highest value appraisals performed in the past 3 years: \$ _____ ; \$ _____ ; \$ _____

5. Please provide the % of appraisal revenue for each type of appraisal performed in the last fiscal year (**MUST TOTAL 100%**):

Type of Appraisal	% of Revenues for Last Fiscal Year	Type of Appraisal	% of Revenues for Last Fiscal Year
Single Family Dwellings	%	Commercial / Industrial Property	%
Multi-Family Dwellings	%	Shopping Center / Retail Store	%
Residential Lots	%	Land Development / Subdivisions	%
Review Appraisals	%	Agriculture / Farm / Ranch	%
Flood Zone Certifications	%	Construction Phase Inspections	%
Estate or Tax Purposes	%	Condemnation / Eminent Domain	%
Other _____	%	Right-of-Way	%

Real Estate Auctioneering Services

1. How many years of auctioneering experience does the Applicant have? _____

2. Does your State require that you be licensed to auction real estate? **Yes** **No**
If Yes, in what year did you obtain your license? _____

3. Does the Applicant provide any written guarantee relating to the condition of the properties being auctioned? **Yes** **No**

4. Does the Applicant always put the properties to be auctioned on display for inspection prior to the auction? **Yes** **No**

Property Management Services

1. Does the Applicant enter into a contract with each property owner? Yes 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? Yes No
8. Indicate the number of years of property management experience: _____
9. Please provide a breakdown of the types of properties, ownership and revenues for PM services performed 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: _____		\$	%

Mortgage Brokering Services

1. How many years of mortgage brokering experience does the Applicant have? _____
2. In what State(s) are you licensed to perform mortgage brokering services? _____ N/A
3. Indicate the percentage of loans which are:
 - 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 both 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:

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 separate business entity owned by the firm, any of its agents or the spouse or domestic partner of an agent or owner? **Yes** **No**

If Yes, 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. For the past 12 months, please provide the amount of gross commission income (GCI) derived from the sale of properties associated with the separate business entity described in question 1. above:

Residential Property GCI: \$ _____ Commercial Property GCI: \$ _____

3. During 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:

Real Estate Consulting / Counseling Services

1. Briefly describe the nature and type of real estate consulting and/or counseling provided by the Applicant within the past year (use a separate sheet if necessary):

Business 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, involved in the valuation of the business being sold? **Yes** **No**
3. Does the Applicant disclose to the purchaser in writing that there is no certainty or assertion of any future business value or income? **Yes** **No**

Please provide a copy of the standard disclosure form and any other forms, waivers or disclosures used by the Applicant during the negotiation and sale of Business Opportunities.

4. Does Applicant provide a written recommendation that each party retain an attorney and an accountant for the purpose of performing a due diligence review; including evaluation of the income, expenses and feasibility of the sale/purchase of the business operations? **Yes** **No**
5. Does Applicant have a written policy prohibiting agency personnel from making recommendations regarding attorneys and accountants selected? **Yes** **No**
6. Briefly describe the number and types of Business Opportunities arranged, negotiated or sold by the Applicant within the past three years (use a separate sheet if necessary):

Other Real Estate Services

1. Briefly describe the nature and type of other real estate related services provided by the Applicant within the past year (use a separate sheet if necessary):

Employment Practices Claims Coverage *(coverage not available in CA or NY)*

1. Within the last three years, have there been any employment related civil, criminal, administrative or arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission) brought against the Company, its Subsidiaries, or any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Company or its Subsidiaries for which payment of \$10,000 has occurred or is expected to occur? **Yes** **No**
2. If the Applicant firm currently has Employment Practices Liability Insurance (EPLI), please complete the following:

EPLI Insurance Company	EPLI Policy Period	EPLI Limits/Deductibles	EPLI Premium	EPLI Retro Date

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 conditions.

Print Name

Title

Signature

Date

Florida, Iowa and New Hampshire Agents Only, please provide the following: License # _____

Agent or producer name _____ Signature: _____



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