



3. Does the firm or anyone in the firm sell, appraise, manage or lease properties constructed, developed or owned by the firm, anyone in that firm or a related firm? If yes, please provide details on a separate page.  Yes  No
4. Is the firm engaged in development, construction, or construction management? If yes, please provide details on a separate page.  Yes  No
5. Is the firm involved with the formation or management of group investments/syndications, trusts and/or partnerships? If yes, please provide details on a separate page.  Yes  No
6. Is the firm controlled or owned by, or associated or affiliated with, or does it own, any other firm business enterprise? If yes, please provide details on a separate page.  Yes  No
7. Is the firm engaged in any business other than commercial property management? If yes, please complete the Real Estate Supplemental Application.  Yes  No

8. Total number of employees (full-time, part-time and independent contractors).

\_\_\_\_\_ Full-Time  
 \_\_\_\_\_ Part-Time  
 \_\_\_\_\_ Independent Contractors  
 \_\_\_\_\_ **Total Number of Employees**

**Note: When answering the above range of employees, multiply the number of part-time employee by a factor of .5 and add to number of full-time employees and independent contractors.**

9. Does the Company anticipate in the next 12 months, or has the Company transacted in the last 12 months, any plant, facility, branch or office closing, consolidations or layoffs affecting 20% or more of the employees of the Company? If yes, please provide details on a separate page.  Yes  No
10. Describe the internal controls the Company maintains for Employment Practices.
- a. Does the Company publish and distribute an employee handbook to every employee?  Yes  No
- b. Are there written procedures for handling employee complaints of discrimination or sexual harassment?  Yes  No
- c. Are there written procedures for handling employee grievances or complaints?  Yes  No

11. Please list the person our Employment Practices Risk Management firm can contact for Helpline Services.

\_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address

**II. Prior Activities Information**

- 12. Within the last three years, has any person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission. If yes, please provide details on a separate page.  Yes  No
- 13. Have any principals, partners, officers or professional employees ever been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities? If yes, please provide details on a separate page.  Yes  No
- 14. Does any person to be insured have knowledge or information of any act, error or omission, which, might reasonably be expected to give, rise to a Claim against him or his predecessors in business? If yes, please provide details on a separate page.  Yes  No
- 15. Have any professional liability Claims ever been made against any proposed Insured(s)? If yes, please provide details on a separate page.  Yes  No

It is understood and agreed that with respect to questions 12, 13, 14 and 15 above, that if such knowledge or information exists, any Claim or action arising there from is excluded from this proposed coverage.

**III. Other Information**

- 1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. Insurers hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
- 2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
- 3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
- 4. It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer have the right to exclude from coverage any claim based upon, arising out of or in connection with such misstatement or untruth.

Signed: \_\_\_\_\_  
(must be signed by an Executive Officer of the Company)

Date: \_\_\_\_\_

**For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed on and the same document.**