Real Estate Property Managers Supplemental Application

APPLICANT INFORMATION

Applicant Name: Nancy duMont

AKA / DBA: Snow Worries Property Management

Mailing Address: 1241 Taber Hill Rd. Stowe, VT 05672

Loc Address: same

Insured Contact: _____ Phone: (802)793-1430

Website: _____

Yrs in Business: 16 Yrs Experience: 16

GENERAL INFORMATION

Does the applicant perform any of the following services?
(***If "Yes", refer to your Seneca underwriter***)

- ☐ Mortgage services
- ☐ Offer home warranty plans
- ☐ Home inspections
- ☐ Assume contractual responsibility for armed security services (off duty police are OK)

Does the applicant manage any of the following types of properties?
(***If "Yes", refer to your Seneca underwriter***)

- ☐ Adult Foster Care
- ☐ Assisted Living
- ☐ Halfway Houses
- ☐ Homeless Shelters
- ☐ Rehab Centers

	Last 12 months	Upcoming Year (est)
Property Management receipts:	@ $ 2,400	$ 4,150 X12
Real Estate sales receipts: N/A	$ _____	$ _____ # 13,800

Management Fee breakdown: Residential _____% Commercial _____%

If any commercial property management, what are the occupancies? N/A

Please attach a list of locations managed or list here: _____

Does applicant have an ownership interest in any of the properties they manage? ☐ Yes ☒ No

If "Yes", the properties must be properly classified and rated. Please provide a list on a separate sheet of all the properties in which the applicant has an ownership interest and the percentage of ownership they have in each.

Please check all services provided:

- ☐ Accepting and disbursing rent
- ☐ Screening and acquisition of tenants
- ☐ Addressing ordinary repair and maintenance
- ☐ Janitorial services on managed buildings
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Does property manager live on premises? ☐ Yes ☐ No

What percentage of the applicant's residential management income comes from Housing and Urban Development (HUD)/subsidized housing? N/A %

What percentage is from student housing? N/A %

Any buildings managed over 10 stories? ☐ Yes ☒ No

(If 'Yes', refer to your Seneca Underwriter.)

Any buildings managed between 6 and 10 stories? ☐ Yes ☒ No

(If "Yes" and the answer to any of the next three questions is "No", then please refer to your Seneca underwriter.)

Is the construction Masonry-noncombustible (or better?) ☒ Yes ☐ No

Are all life safety standards met? N/A ☒ Yes ☐ No

Is an elevator maintenance agreement in place? ☐ Yes ☐ No

If managing properties with pool exposures, please confirm the following: **(If slides or diving boards are present, refer to your Seneca underwriter.)** N/A

Are pools fenced with self-latching gates? N/A ☐ Yes ☐ No

Are rules, hours and depth markers posted? N/A ☐ Yes ☐ No

Is life safety equipment available? ☐ Yes ☐ No

Does applicant manage seasonal vacant properties and/or seasonal vacation properties with pool exposures? ☒ Yes ☐ No

Does applicant confirm that all property management customers carry commercial general liability insurance, at least equal to the applicant's limits and naming them as A/I? ☒ Yes ☐ No

Is the applicant contractually responsible for maintaining compliance with all life safety regulations? ☒ Yes ☐ No

If "Yes", are all buildings in compliance with all life safety regulations? ☒ Yes ☐ No

Does the insured provide any structural or alterations to any of the properties? ☐ Yes ☒ No

If "Yes", what is the subcontracting cost for those operations? $_____

What work are the subcontractors hired to do?

Subcontracted Work 0 **%**

_____ _____%

_____ _____%

_____ _____%

Are certificates of insurance obtained prior to subcontractors starting work? ☒ Yes ☐ No

Minimum limits required: Standard $_____

Are you named as an additional insured on the subcontractors' policy? ☐ Yes ☒ No

Does applicant provide any moving services? ☐ Yes ☒ No

Does applicant currently carry any professional liability insurance coverage? Separate E+O Sales ☒ Yes ☐ No

Are real estate agents:

☒ Sales personnel
☐ Employees
☒ Independent contractors

If independent contractors, do they maintain their own GL/E&O coverage and name applicant as an A/I? ☒ Yes ☐ No

Is the applicant responsible for negotiating, effecting or maintaining insurance coverage on properties managed? ☐ Yes ☒ No

If "Yes", they must have Professional Liability coverage in place.

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? ☐ Yes ☒ No

If "Yes", please explain: _____

Loss information for the past 3 years: ☒ No losses ☐ No prior coverage

Year	# 0f Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Colorado
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida
Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii
For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Maine
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 a denial of insurance benefits.

Applicable in Maryland
Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject tocivil fines and criminal penalties.

Applicable in New York
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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma
WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania
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.

Applicable in Rhode Island
The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
Applicable in Tennessee, Virginia, and Washington
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: Nancy duMont, owner Snow Worries

Applicant's Signature: _____ Date: 11/6/19

Producer's Signature: _____ Date: _____