

REAL ESTATE OPERATIONS SUPPLEMENT



Commonwealth Underwriters Ltd.

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1. Name of Applicant: _____
2. Please complete the appropriate sections stating the annual gross commissions and/or fees earned during the last 12 months:

- | | | | |
|----|---------------------------------|-----------------|--|
| a. | Real Estate Sales / Brokerage | \$ _____ | |
| | Number of Transactions | _____ | |
| b. | Real Estate Property Management | \$ _____ | |
| | Types of Properties Managed | _____ | |
| c. | *Real Estate Appraisals | \$ _____ | *Please complete the Appraisers Supplement |
| | Number of Appraisals | _____ | |
| d. | *Mortgage Brokerage | \$ _____ | *Please complete the Mortgage Brokers Supplement |
| | Number of Loans Placed | _____ | |
| e. | Syndication/Partnerships | \$ _____ | |
| f. | Property Development | \$ _____ | |
| g. | Real Estate Leasing | \$ _____ | |
| | Number of Units Leased | _____ | |
| h. | Real Estate Consulting | \$ _____ | |
| | TOTAL COMMISSIONS | \$ _____ | |

3. Are sales personnel employees or independent contractors? _____

If they are independent contractors, is covered desired for them? Yes No

4. Please complete the following if the Applicant manages property.

- | | | |
|----|---|--|
| a. | Is a budget plan prepared for each property managed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. | Is the Applicant involved in space merchandising? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | Are credit reports obtained on perspective tenants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. | Is the Applicant responsible for negotiating, effecting or maintaining insurance coverages on properties managed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Indicate the percentage of total gross income derived from the following:

Commercial _____	Residential _____
Industrial _____	Agricultural _____
Undeveloped Land _____	Other: (describe) _____

6. Does the Applicant or any person for whom coverage is being requested have any ownership or equity interest in any property being managed or held for sale? *If "yes", please attach a schedule for such properties and interests.* Yes No

7. Does the Applicant offer any home warranty / protection plans? Yes No
If "yes", please advise name of plans and percentage of transactions involving such plans.

NOTICE

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

 Signature of Owner, Partner or Principal Title Date