



**PROPERTY MANAGEMENT/OPERATION SUPPLEMENT**  
 Forming part of the Professional Liability Application

\_\_\_\_\_  
 Name of Applicant

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Commercial	_____
	Percentage
Residential	_____
	Percentage
Industrial	_____
	Percentage
Agricultural	_____
	Percentage
Undeveloped Land	_____
	Percentage
Other _____	_____
Describe	Percentage

**TOTAL should equal 100%**

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Real Estate Sales/Brokerage	_____
	Percentage
Real Estate Property Management	_____
	Percentage
Real Estate Leasing Services	_____
	Percentage
Real Estate Appraisals	_____
	Percentage
Property Development and/or Construction	_____
	Percentage
Mortgage Brokerage/Banking	_____
	Percentage
Business Opportunities Brokerage	_____
	Percentage
Other _____	_____
Describe	Percentage

**TOTAL should equal 100%**



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**Does the firm prepare budget for each property managed?**

Yes  No

\_\_\_\_\_  
If no, please explain.

**Does the firm obtain credit reports on prospective tenants?**

Yes  No

\_\_\_\_\_  
If yes, please describe the procedure followed.

**Does the firm take responsibility to negotiate, effect or maintain insurance coverage on properties managed?**

Yes  No

\_\_\_\_\_  
If Yes, please describe the extent of involvement:

**Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?**

Yes  No

**If Yes Please provide:**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Applicant's relationship with client

\_\_\_\_\_  
Approximate General Revenue generated from Client

**Were more than 50% of your total gross billings for any one year derived from a single client or contract?**

Yes  No

**If Yes Please provide:**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Services Rendered

\_\_\_\_\_  
How long you expect this relationship to continue



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**Describe your firm's five(5) largest jobs or projects during the past three (3) years.**

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

**Do you provide professional services on projects in which you retain an ownership interest?**  Yes  No

\_\_\_\_\_

If yes, please provide full details

\_\_\_\_\_

**Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?**  Yes  No

\_\_\_\_\_

If yes, what limits?

**How long do you keep your customers information/documentation on file?** \_\_\_\_\_  
 Years

\_\_\_\_\_

Print Name and Title

\_\_\_\_\_  
 Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |