

# REAL ESTATE SUPPLEMENTAL

For submission to multiple carriers

**YOUR INCOME**

Does the firm or anyone in the firm sell, appraise, or lease properties constructed, developed or owned by the firm, anyone in the firm, or a related firm? If Yes, provide commission or fee income from these activities:  Yes  No  
 \$ \_\_\_\_\_

Does this firm or anyone in the firm provide any of the following services:

If Yes, provide gross income to the firm:

- |   |                              |                             |          |
|---|------------------------------|-----------------------------|----------|
| Real Estate Development/Construction  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Construction Management   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Mortgage Banking  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Formation or Management of Group Investments/Syndications, Trusts and/or Partnerships | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Sale of timeshares  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Management of associations (i.e., condominium, cooperative, homeowners)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |

Provide your gross revenues from the last fiscal year. If newly established, please provide an estimate of revenues for the current annual period. Do not include revenues from properties in which you have any ownership. (Gross revenues are defined as all fees and commissions before expenses, including fees, commissions and bonuses payable to employees and independent contractors).

	# Transactions	Gross revenues for Last Fiscal Year	# Transactions		Projected Revenues for current Fiscal Year
Residential Real Estate	\$	_____			\$ _____
Residential Farm Land	\$	_____			\$ _____
Residential Appraisals	\$	_____			\$ _____
Commercial Appraisals	\$	_____			\$ _____
Title Agent Activities	\$	_____			\$ _____
Auctioneering (Real Property)	\$	_____			\$ _____
Raw Land Zoned Residential	\$	_____			\$ _____
Commercial Real Estate	\$	_____			\$ _____
Industrial Real Estate	\$	_____			\$ _____
Non Residential Farm Land	\$	_____			\$ _____
Property Management	\$	_____			\$ _____
Raw Land Zoned Non-Residential	\$	_____			\$ _____
Real Estate Consultations (provide details)	\$	_____			\$ _____
Residential Leasing (no mgmt)	\$	_____			\$ _____
Commercial Leasing (no mgmt)	\$	_____			\$ _____
Mortgage Brokering (only if coverage is desired)	\$	_____			\$ _____
Insurance Agents E & O (only if coverage is desired)	\$	_____			\$ _____
Other (specify)	\$	_____			\$ _____
<b>TOTALS</b>	<b>\$</b>	<b>_____</b>			<b>\$ _____</b>

Details of Real Estate Consulting (m) and Other (r) from above: \_\_\_\_\_

What percentage of your transactions constitute Dual Agency \_\_\_\_\_%

During the past 12 months what approximate percentage of the applicant's clients were new to the applicant: \_\_\_\_\_

Number of Employees (Full-time / Part-time): \_\_\_\_\_ / \_\_\_\_\_

Number hired within the past 12 months (Full-time/Part-time):

\_\_\_\_\_ / \_\_\_\_\_

Number terminated, retired, or resigned within the past 12 months (Full-time/Part-Time):

\_\_\_\_\_ / \_\_\_\_\_

Does responsibility for the applicant's other offices rest with the management at the applicant's principal location? YES/NO

**ESCROW ACTIVITIES:** Please complete this section if you have income from Escrow Activities.

Number of escrow agents performing services: \_\_\_\_\_

Do any of the above act as Title Insurance Agents?  Yes  No

How many years has your escrow operation been in business? \_\_\_\_\_

If less than 5 years please describe experience of individual overseeing escrow operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of escrows handled in a 12 month period? \_\_\_\_\_

How many for customers who did not buy/sell the property through your Real Estate firm? \_\_\_\_\_

How many for commercial properties? \_\_\_\_\_

Are escrow accounts segregated?  Yes  No

**LOSS CONTROL/RISK MANAGEMENT**

What percentage of properties were sold in the past 12 months with a home warranty? \_\_\_\_\_ %

What companies \_\_\_\_\_

What percentage of properties were sold in the past 12 months with a professional home inspection or signed waiver? \_\_\_\_\_ %

What percentage of sales in the past 12 months used property disclosure forms? \_\_\_\_\_ %

Do you use an in-house office policy/procedures manual and is it regularly updated?  Yes  No

What percentage of sales used local board, state association or other approved contract forms? \_\_\_\_\_ %

Attach copies of your forms if other than above and explain their use. \_\_\_\_\_

What percentage of your licensees attended a risk management seminar in the last 12 months beyond what is required for continuing education? \_\_\_\_\_ %

Do all of the applicants' sales people and brokers disclose to their clients in writing the nature of their relationship, i.e., whether representing the buyer, seller or both?  Yes  No

Is there a training program in place for new agents?  Yes  No

Describe steps taken when an agent has violated firm policies and/or procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe procedures for handling transactions when your firm is representing both the buyer and seller: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the Insured's Supervision/Delegation Procedures: \_\_\_\_\_  
\_\_\_\_\_

Does the Insured have in-house counsel:  Yes  No Describe arrangement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date