



**REAL ESTATE AGENTS & BROKERS  
SUPPLEMENT**

1. Name of firm: \_\_\_\_\_

2. Indicate total gross income paid to the applicant firm (including its affiliated independent contractors) derived from the following activities:

Activity	Total Gross Income Past 12 Months	Number of Units Sold, Leased, Managed or Appraised	Estimated Gross Income for Next 12 Months
a. Residential Real Estate Sales			
b. Commercial Real Estate Sales			
c. Residential Leasing			
d. Commercial Leasing			

3. Total number of staff. (Please list each person only once, identifying their primary areas of responsibility.)

- a. \_\_\_\_\_ Full-time real estate agents/brokers/independent contractors
- b. \_\_\_\_\_ Part-time real estate agents/brokers/independent contractors
- c. \_\_\_\_\_ Property Managers
- d. \_\_\_\_\_ Appraisers

4. Please indicate number of sales people in your firm who maintain a professional designation, including broker designation: \_\_\_\_\_

5. Does your firm offer a Home Warranty Program to all residential clients?  Yes  No

If yes, whose program is offered? \_\_\_\_\_

6. Do you use standard contract forms approved by a local board of realtors or state association of realtors?  Yes  No

7. Do you follow documented procedures when handling complaints received from your clients?  Yes  No

8. Does your firm always obtain a signed seller disclosure?  Yes  No

8a. Do all your brokers and salespersons disclose to their clients in writing the legal nature of their relationship, i.e., whether the salesperson is representing the buyer or the seller?  Yes  No

9. Have you or any member of the firm (including owners, officers, partners or employees) been reprimanded, cautioned, investigated or been involved in any suit or investigatory proceeding by any regulatory agency, professional review board or similar body for actual or alleged violations arising out of professional activities?  Yes  No

If yes, explain (on a separate sheet) the full details and resolution of any such incident, including the dollar amount of any fine imposed.

10. Do you or any person for whom insurance is being requested have any ownership or equity interest in any property held for sale?  Yes  No

11. Does the applicant or its employees belong to any professional organizations or associations?  Yes  No  
 If yes, please list those organizations or associations. \_\_\_\_\_  
 \_\_\_\_\_
- 11a. What is the criteria for membership? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Are you or any principal, director, parent, subsidiary or other related organization engaged in:
- a. Real estate development or construction?  Yes  No
  - b. Mortgage banking?  Yes  No
  - c. Mortgage brokering?  Yes  No
  - d. Formation, management or organization of any group investments, syndications, limited or general partnerships or real estate investment trusts?  Yes  No
13. Do you understand that the policy, if issued, excludes the activities listed in Question 12?  Yes  No

**THE UNDERSIGNED IS THE AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND WARRANTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT, AND COMPLETE TO HIS/HER BEST KNOWLEDGE AND BELIEF.**

**SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE A POLICY OF INSURANCE. ALL INFORMATION REQUESTED IN THE APPLICATION IS CONSIDERED MATERIAL AND IMPORTANT.**

Authorized Representative (Owner, Partner or Officer of Applicant)

Name	Title	Date
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