

A Member Company of the Western World Insurance Group

REAL ESTATE AGENTS & BROKERS SUPPLEMENT

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1.	Na	me of firm:					
2.	Indicate the total Gross Commission/Income/Revenue paid to the applicant firm (including its affiliated independent contractors) derived from the following activities:						
•		Activity	Total Gross Commission/ Income/Revenue Past 12 Months	Number of Units Sold, Leased, Managed or Appraised	Estimated Gross Commission Income/Revenue for Next 12 Months	Average Value of Properties Sold/ Leased/Appraised	
	a.	Residential Real Estate Sales					
	b.	Commercial Real Estate Sales					
	C.	Residential Leasing		·			
	d.	Commercial Leasing					
	e.	New Construction Sales					
	f.	Mortgage Broker Services*					
	g.	Residential Property Manager**					
	h.	Commercial Property Manager**					
	i.	Appraisals***					
4 .	a. b. Doe		nt, subsidiary or othe	ers/independent co er related organizat	ontractors	☐Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No	
Pleas	se pr	ovide details for any "No" respo	nses to questions	6 – 9 on a separat	e sheet of paper.		
6.		s your firm <u>always</u> use standard co ociation of realtors?	ontract forms approv	ed by a local board	d of realtors or state	☐Yes ☐No	
7.	Doe	s your firm <u>always</u> obtain a signed	seller disclosure?			☐Yes ☐No	
3.	Do y	ou follow documented procedures	when handling com	nplaints received fro	om your clients?	☐Yes ☐No	
9.		What percentage of services invol	_		·		
	b. 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	
10.	Do y	ou <u>always</u> recommend that a purc	haser obtain a hom	e inspection?		☐Yes ☐No	
* ** ***	Ple	ease complete the mortgage broke ease complete the property manag ease complete the appraisers supp	er supplement.				

11.	reț reç	ave you or any member of the firm (including owners, officers, partners or employees) been primanded, cautioned, investigated or been involved in any suit or investigatory proceeding by any gulatory agency, professional review board or similar body for actual or alleged violations arising ou professional activities?	Yes No						
		If yes, explain (on a separate sheet) the full details and resolution of any such incident, including the dollar amounts of any fine imposed.							
12.	Do	☐Yes ☐No							
	If y	ves, please list those organizations or associations.							
13.	——Are	e 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.	Formation, management or organization of any group investments, syndications, limited or general partnerships or real estate investment trusts?	☐Yes ☐No						
14.	Do	you understand that the policy, if issued, excludes the activities listed in Question 13?	☐Yes ☐No						
15.	a.	Do you or any person for whom insurance is being requested or any affiliate or related entity have any ownership or equity interest in any property held for sale?	☐ Yes ☐ No						
	b.	What percentage of revenue involves properties in which applicant has equity interest?	%						
	C.	Is the applicant owned or affiliated with any developer, builder or construction company?	☐ Yes ☐ No						
		If yes, please provide details for questions a-c.							
	d.	Please provide a list of properties and the equity interest the applicant has in each property sold, leased.	managed or						
16.	a.	Does applicant sell properties on behalf of a construction company, builder or development company?	☐Yes ☐ No						
	b.	Is applicant an exclusive agent/broker for any one developer, builder or construction company?	☐ Yes ☐ No						
	C.	If exclusive agent/broker, what percent of revenues is derived from these sales or services?	· %						
		If yes, please provide details for question 16. a-c.							
	REA COR SIGN ALL	UNDERSIGNED IS THE AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND WARRAND SONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARECT, AND COMPLETE TO HIS/HER BEST KNOWLEDGE AND BELIEF. NING THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE A POLICY OF INFORMATION REQUESTED IN THE APPLICATION IS CONSIDERED MATERIAL AND IMPONITED REPRESENTATIVE (Owner, Partner or Officer of Applicant)	ARE TRUE, INSURANCE.						
		Name Title D	ate						
1	* PI	lease complete the mortgage broker supplement	,						

Please complete the mortgage broker supplement. Please complete the property manager supplement. Please complete the appraisers supplement.