

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%

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

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 |