

EMPLOYERS

America's small business insurance specialist.

PROPERTY MANAGEMENT FIRM SUPPLEMENTAL QUESTIONNAIRE

Applicable Code

8741 9010

9007 9011

9009 9015

8740 (1),(2),(3),(4),(5),(6)

9012-9032 NCCI State

Named Insured: _____

Effective Date: _____

A. Operations

1. Hours of operations: _____

2. Are there any out-of-state operations? Yes or No. If yes, explain: _____

3. Is there any out-of-state or out-of-country travel? Yes or No. If yes, explain: _____

4. Any collecting of rent door to door? Yes or No.

5. Who handles evictions? _____

6 Please circle the following

- | | |
|-----------------------|--------------------------------------|
| a. Cutting of grass? | Insured employees or Sub-contracted |
| a. Cutting of Shrubs? | Insured employees or Sub-contracted |
| b. Any tree trimming? | Insured employees or Sub-contracted |
| c. Pool Cleaning? | Insured employees or Sub-contracted |
| d. Maintenance? | Insured employees or Sub-contracted. |

****If insured's employees please provide
details:** _____

7. Any property managers residing on-site? Yes or No.

8. Any housing allowance provided to on-site property managers? Yes or No. If so, what amount and was it included in the payrolls? Yes or No.

9. Is the insured involved in commercial or residential property management, or a combination of both? Provide percentage breakdown: Commercial ____%
Residential ____%.

Does the insured have a Contractors License? If so, provide license #: _____

Insured Signature

Date