

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

SUPPLEMENT FOR PROPERTY MANAGERS WITH OWNERSHIP INTEREST IN REAL ESTATE PROPERTY

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Provide the following for each real estate property ("Property") that that is owned, in whole or in part, by the Applicant or any employee or their spouses or family members, or any parent company or any subsidiary or affiliated or associated business enterprise of the Applicant ("Related Owner").

Name of Property	Address of Property	a. Nature of Services Provided by the Applicant to the Property; and b. Estimated Annual Fees; and c. Receipts for the Coming Year From Such Services	% Ownership Interest Held By All Related Owners Combined	Is the Property a Client of the Applicant? Yes/No	Does the Property have CGL Insurance? Yes/No
		a. b. c.			
		a. b. c.			
		a. b. c.			
		a. b. c.			
		a. b. c.			
		a. b. c.			

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date