

# Application

## PROPERTY MANAGERS SUPPLEMENTAL

FL- 135 PROP MGR SUPP



### SUPPLEMENTAL APPLICATION #60

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #60.

NOTE: PLEASE BE ADVISED THAT ALL QUESTIONS ARE ASKED WITH REGARD TO PROFESSIONAL SERVICES PERFORMED FOR OTHERS.

APPLICANT NAME: \_\_\_\_\_

1. PLEASE PROVIDE A LISTING OF TOP 5 PROPERTIES MANAGED, THE TYPE OF PROPERTY (E.G. RESIDENTIAL, COMMERCIAL, OFFICE, INDUSTRIAL), THE FULL VALUE OF EACH PROPERTY, AMOUNT OF OWNERSHIP/EQUITY INTEREST THEREIN AND AMOUNT OF

LOCATION/ ADDRESS	TYPE OF PROPERTY (commercial vs. residential)	OWNERSHIP CHECK Y/N	PERCENT EQUITY	MARKET VALUE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

2. ATTACH A SAMPLE COPY OF YOUR STANDARD PROPERTY MANAGEMENT/CONTRACT WITH CLIENTS.

3. IS A CREDIT REPORT OBTAINED ON ALL PROSPECTIVE TENANTS? YES [ ] NO [ ] If No, please explain:

\_\_\_\_\_

4. HAS ANY INSURER EVER DECLINED, CANCELLED, OR REFUSED TO RENEW ANY SIMILAR INSURANCE ISSUED TO YOUR FIRM OR ANY PREDECESSOR FIRM? YES [ ] NO [ ] If yes, give details

\_\_\_\_\_

5. HAS ANY SIMILAR INSURANCE BEEN ISSUED TO YOUR FIRM OR ANY OF THE FIRMS TO BE INCLUDED IN THIS APPLICATION? YES [ ] NO [ ]  
If yes, complete the following for the last five (5) years:

INSURED	INSURANCE COMPANY	TYPE OF COVERAGE	LIMITS	DEDUCTIBLE	DATES

6. IS THE APPLICANT CURRENTLY INSURED UNDER A GENERAL LIABILITY AND/OR UMBRELLA POLICY? YES [ ] NO [ ]  
If yes, complete the following for the last five (5) years:

INSURANCE COMPANY	TYPE OF COVERAGE	LIMITS		
		BI	PD	DATE

7. AFTER INQUIRY, DO ANY OF THE PRINCIPALS, PARTNERS, OFFICERS, EMPLOYEES, DIRECTORS, OR ANY OTHER PERSONS TO BE COVERED UNDER THIS INSURANCE, HAVE KNOWLEDGE OF ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH MAY GIVE RISE TO A CLAIM AGAINST ANY PROPOSED INSURED? YES [ ] NO [ ] (If yes, attach full particulars.)

NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ BROKER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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