



**State National Insurance Company, Inc.  
Administered by Hiscox Inc.**

**HISCOX SPECIFIED PROFESSIONS ERRORS AND OMISSIONS PROGRAM**

**REAL ESTATE AGENTS AND BROKERS**

**SUPPLEMENTAL  
APPLICATION**

Applicant:

1. Please complete the appropriate sections stating the annual gross commissions and/or fees earned during the last twelve months:

a. Real Estate Sales/Brokerage	\$	<input type="text"/>
Number of Transactions		<input type="text"/>
b. Real Estate Property Management	\$	<input type="text"/>
Types of Properties Managed		<input type="text"/>
c. Real Estate Appraisals	\$	<input type="text"/>
Number of Appraisals		<input type="text"/>
d. Mortgage Brokerage/Banking	\$	<input type="text"/>
Number of Loans Placed		<input type="text"/>
e. Real Estate Consulting	\$	<input type="text"/>
Number of Contracts		<input type="text"/>
f. Syndication/Partnerships	\$	<input type="text"/>
(attach sample offerings, agreements, description of activities)		
g. Property Development and/or Construction	\$	<input type="text"/>
(attach detailed description of operations)		
h. Real Estate Leasing Services	\$	<input type="text"/>
Total Commission/Fees	\$	<input type="text"/>

2. Indicate the percentage of total income derived from the following:

a. Commercial	<input type="text"/>	%
b. Residential	<input type="text"/>	%
c. Industrial	<input type="text"/>	%
d. Agricultural	<input type="text"/>	%
e. Undeveloped Land	<input type="text"/>	%
f. Other (please specify) <input type="text"/>	<input type="text"/>	%

3. Are sales personnel employees or independent contractors?

Employees       Independent contractors

If independent contractors, please provide us with a sample contract.



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Please complete the following if you manage properties:

a. Is a budget plan prepared for each property managed? YES [ ] NO [ ]

If NO, please explain:

[Empty text box for explanation]

b. Is firm involved in space merchandising? YES [ ] NO [ ]

If YES, please give details:

[Empty text box for details]

c. Are credit reports obtained on prospective tenants? YES [ ] NO [ ]

If YES, please explain:

[Empty text box for explanation]

d. Are you responsible for negotiating, effecting or maintaining insurance coverage on properties managed? YES [ ] NO [ ]

If YES, please explain:

[Empty text box for explanation]

e. Indicate percentage of management fees derived from commercial property:

Commercial [ ] % Residential [ ] %

4. Does the applicant or any person for whom insurance is being requested have any ownership or equity interest in any property being managed or held for sale? YES [ ] NO [ ]

If YES, please attach a schedule of such properties and interests.

5. Do you offer any home warranty/protection plans? YES [ ] NO [ ]

If YES, please advise name of plans and percentage of transactions involving such plans.

6. Do you have procedures in place designed to prevent fair housing claims? YES [ ] NO [ ]

7. Do you wish to have a quote including fair housing coverage? YES [ ] NO [ ]

It is understood and agreed that this supplemental application shall become a part of the application for Hiscox Specified Professions Errors and Omissions Program Insurance.

Name of applicant: [Empty text box]

[Empty signature box]

[Empty date box]

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.