



Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
 (804) 289-1300
www.kinsaleins.com

PROPERTY MANAGEMENT SUPPLEMENT

APPLICANT'S INFORMATION

1. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy: _____
2. Please list all other business/dba names for which you are seeking coverage under this policy: _____
3. Corporation Individual Partnership Municipality For Profit Joint Venture
 Other: _____
4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____
5. Primary location address: _____
6. County of primary location: _____ Date business originally established: _____
7. Total number of branches? _____ List all addresses for additional branches: _____
8. What is your web-site address? www. _____
9. What is your phone number? _____
10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes No
11. Does any entity own or control your business or does your business own or control any entity? Yes No
12. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes No
 For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved:

13. Please list any associations of which you are a member: _____

GENERAL INFORMATION

1. Revenue

a. Next year projected:	\$ _____	Number of:	a. Locations:	_____
b. Current year:	\$ _____		b. Full Time Employees:	_____
c. Last year:	\$ _____		c. Part time Employees:	_____
			d. Independent Contractors:	_____
			e. Average years of experience of staff:	<input type="checkbox"/> 0-2 yrs <input type="checkbox"/> 3-5 yrs <input type="checkbox"/> 5+ yrs

2. Property Management activity in the past 12 months (use projections if startup):

Type	Revenue	Average Property Value	High Property Value	Number of Units
Residential				
Commercial				
Other				



3. For commercial property management, describe the type of properties managed: _____
4. Does the applicant:
- a. Provide construction management? Yes No
If yes, please explain: _____
- b. Manage owned properties? Yes No
- c. Desire coverage for management of owned properties? Yes No
If Yes, provide a list of properties and the ownership percentage: _____

INSURANCE AND LOSS HISTORY

1. Provide your agency's recent insurance history below.

	Insurance Company	Limits Per Claim/Aggregate	Policy Period (Month/Day/Year)	Annual Premium
Current Year				
Previous Year 1				
Previous Year 2				
Previous Year 3				
Previous Year 4				

2. If you are currently insured for errors & omissions coverage, what is your policy's retroactive/prior acts date? (month/day/year) ____/____/_____. If there is no retroactive date, please check here.
3. After inquiry with each person as appropriate, has the following ever involved the Named Applicant, any Predecessor Entity, or any current or former owners, principals, directors, officers, or employees:
- a. Ever been the subject of an investigation, disciplinary or criminal action as a result of their professional services? Yes No
- b. Ever had any knowledge of any actual or alleged professional liability act, error, omission, incident, potential claim, circumstance or situation that might give rise to a claim? Yes No
- c. Had any professional liability claims, suits, legal actions or legal proceedings brought against them in the past five years? Yes No
4. Are you being canceled or non-renewed by your current professional liability carrier? Yes No
If yes, please explain why: _____

If Yes to any of the above, please explain as an attachment or complete a Supplemental Claims Form.

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

Requested Limit \$300,000 \$500,000 \$1,000,000 Other: _____

Requested Deductible \$5,000 \$10,000 \$15,000 Other: _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING



APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially 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 TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.



Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

