



Mid Valley General Agency LLC  
 888 Madison St NE, Ste 100, Salem, OR 97301  
 Phone: 888-565-7001 ♦ Fax: 888-265-7353  
[quotes@midvalleyga.com](mailto:quotes@midvalleyga.com)

**REAL ESTATE PROPERTY MANAGEMENT SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**APPLICANT PREMISES OPERATIONS INFORMATION**

1. **Named Insured as it is to appear on policy:** \_\_\_\_\_

2. **Doing Business As:** \_\_\_\_\_

3. **Mailing Address:** \_\_\_\_\_

4. **Location of business (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

5. **Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Nighttime Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

6. **Website Address:** \_\_\_\_\_

7. **Does applicant operate any type of business other than that requested by this application?.....**  Yes  No

If yes, describe: \_\_\_\_\_

If yes, is this business covered separately for General Liability?.....  Yes  No

8. **Any buildings managed over six stories high?.....**  Yes  No

Total number of stories: .....

If yes: **a. Are all life safety standards met?.....**  Yes  No

**b. Is an elevator maintenance agreement in place?.....**  Yes  No

**c. Is the construction Masonry-noncombustible construction or better?.....**  Yes  No

**d. Are the buildings sprinklered? .....**  Yes  No

9. **If managing properties with pool exposures, confirm the following:**

**a. Are pools fenced with self-latching gates? .....**  Yes  No

**b. Are rules, hours and depth markers posted?.....**  Yes  No

**c. Are pools/spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act?.....**  Yes  No

**d. Is life safety equipment available? .....**  Yes  No

e. Do any pools have diving boards? .....  Yes  No  
 If yes, are the boards/platforms over one meter in height? .....  Yes  No  
 Height of boards/platforms: \_\_\_\_\_

10. What percentage of units managed is Applicant involved in placement of tenants? ..... %

11. Does applicant have an ownership interest in any of the properties you managed? .....  Yes  No  
 If yes, provide a list on a separate sheet, of all the properties you have any ownership interest in and the percentage of ownership in each one.

12. Does applicant obtain verification of General Liability Coverage from all owners of sites managed with limits of at least \$1,000,000 per Occurrence/\$1,000,000 Personal and Advertising Injury/\$2,000,000 General Aggregate? .....  Yes  No  
 If yes, indicate how liability coverage is verified:  
 The property manager is responsible for maintaining coverage.  
 The property manager requires certificates of insurance from the owners of properties managed.  
 Other—explain: \_\_\_\_\_

13. What amount of authority does applicant have for capital improvements and repairs? ..... \$ \_\_\_\_\_

14. Does applicant obtain a credit report for each prospective tenant? .....  Yes  No

15. Does applicant follow formal written procedures in processing tenant evictions? .....  Yes  No

16. Have applicant's employees been trained and certified in fair housing laws? .....  Yes  No

17. Show the properties applicant has managed for the past twelve (12) months:

Property Type	Number of Units/ Square Feet/	Number of Pools	Value of Property	Vacancy Rate	Gross Commissions and Fees
1-4 Family Residential	Units				
Apartments	Units				
Commercial/Industrial/ Warehouses	Sq. ft.				
Condominiums	Units				
Farms/Ranches	Units				
Homeowners Association	Units				
Office Buildings	Sq. ft.				
RV/Mobile Home Parks	Units				
Senior Housing	Units				
Shopping Centers	Sq. ft.				
Student Housing	Units				
Timeshare Association	Units				
Vacation Properties	Units				
Other:					

Annual Commercial Receipts: ..... \$ \_\_\_\_\_

Annual Residential Receipts: ..... \$ \_\_\_\_\_

**18. Services offered by applicant:**

Accepting and disbursing rent? .....  Yes  No  
 Addressing ordinary repair and maintenance? .....  Yes  No  
 Security services?.....  Yes  No  
 Janitorial services for managed properties? .....  Yes  No  
 Services provided for lender in conjunction with foreclosed/REO properties? .....  Yes  No  
 Other—Describe: \_\_\_\_\_

**19. Does applicant have payroll or subcontractor cost for any of the following exposures? .....  Yes  No**

Trade	Payroll	Subcontractor Cost	Certificates of Insurance Required and on File
<b>Carpentry</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Construction Development</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Electrical</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Handyperson</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Maintenance</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Landscaping</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Plumbing</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Security</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Snow Removal</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any other Contractors*</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any other Services*</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

\* If any other contractors or other services are performed, please explain: \_\_\_\_\_

**20. Is there a written procedure in place for responding to tenants requests for repairs?.....  Yes  No**

What is the response time for tenants requests for repairs? \_\_\_\_\_  
 Does applicant maintain service records of all repairs? .....  Yes  No  
 How long are the records kept? \_\_\_\_\_

**21. Provide information of activities other than property management:**

Description	Gross Income Last Twelve (12) Months	Number of Transactions	Projected Income Next Twelve (12) Months
<b>Commercial Sales</b>	\$		\$
<b>Mortgage Brokerage/Financial Arrangements</b>	\$		\$
<b>Real Estate Appraisal Fees</b>	\$		\$
<b>Residential Sales</b>	\$		\$
<b>Other—Describe:</b>	\$		\$
<b>Total Gross Income</b>	\$		\$

22. Does applicant manage any vacant land/lots?.....  Yes  No  
 If yes, number of: Acres:.....  
 Lots:.....  
 Is there any current or future development activity occurring?.....  Yes  No  
 Explain: \_\_\_\_\_

23. List Additional Interests and Certificate Recipients:

Name and Address	Interest

24. Does applicant have a professional liability insurance policy in force?.....  Yes  No  
 25. Does the property owner require that they be named as an additional insured on applicant's policy?.....  Yes  No  
 26. Is the applicant named as an additional insured on the property owner's policy? .....  Yes  No  
 27. Does applicant have the following? If yes, attach copy.  
 Rental contract? .....  Yes  No  
 Brochures? .....  Yes  No  
**Send copy of Property Management Agreement with property owners.**

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.