

ROYAL OAK UNDERWRITERS, INC. Excess and Surplus Lines Insurance Wholesalers

| | Ар | olican | : | | | | |
|-----------------------------|----|--------|---|---------|-------|-------|---|
| | 1. | | ase complete the appropriate sections stating the annual gross co e earned during the last twelve months: | mmissio | ns ar | nd/or | |
| REAL ESTATE | | a. | Real Estate Sales/Brokerage | \$ | | | |
| OPERATIONS | | | Number of Transactions | | | | |
| ••• | | b. | Real Estate Property Management | \$ | | | |
| | | | Types of Properties Managed | | | | |
| | | c. | Real Estate Appraisals | \$ | | | |
| | | | Number of Appraisals | | | | |
| | | d. | Mortgage Brokerage/Banking | \$ | | | |
| SUPPLEMENTAL APPLICATION | | | Number of Loans Placed | | | | |
| | | e. | Real Estate Consulting | \$ | | | |
| | | | Number of Contracts | | | | |
| | | f. | Syndication/Partnerships | \$ | | | |
| | | | (attach sample offerings, agreements, description of activities) | L | | | |
| | | g. | Property Development and/or Construction | \$ | | | |
| | | | (attach detailed description of operations) | | | | |
| | | h. | Real Estate Leasing Services | \$ | | | |
| | | | Total Commission/Fees | \$ | | | |
| | 2. | Indi | cate the percentage of total income derived from the following: | | _ | | |
| | | a. | Commercial | | | | % |
| | | b. | Residential | | | | % |
| | | c. | Industrial | | | | % |
| | | d. | Agricultural | | | | % |
| | | e. | Undeveloped Land | | | | % |
| | | f. | Other (please specify) | | 1 [| | % |
| | 3. | Em | sales personnel employees or independent contractors? ployees Independent contractors Independent contractors, please provide us with a sample contract. | | | | |
| | | Plea | ase complete the following if you manage properties: | | | | |
| | | a. | Is a budget plan prepared for each property managed? If NO, please explain: | YES | | NO | |
| | | 1 | | | | | |



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| | | b. | Is firm involved in space merchandising? If YES, please give details: | YES | | NO | |
|---------------------------|----|-------------|--|----------|--------|---------|----|
| | | | | | | | |
| REAL ESTATE OPERATIONS | | C. | Are credit reports obtained on prospective tenants? If YES, please explain: | YES | | NO | |
| | | | | | | | |
| | | d. | Are you responsible for negotiating, effecting or maintaining insurance coverage on properties managed? If YES, please explain: | YES | | NO | |
| | | | | | | | |
| | | e. | Indicate percentage of management fees derived from commerce Commercial % Reside | · · · | erty: | | % |
| | | | Commercial % Reside | ntial | | | % |
| | 4. | req beiı | es the applicant or any person for whom insurance is being uested have any ownership or equity interest in any property ng managed or held for sale? ES, please attach a schedule of such properties and interests. | YES | | NO | |
| | 5. | Do | you offer any home warranty/protection plans? | YES | | NO | |
| | | | ES, please advise name of plans and percentage of transactions | involvin | g such | ı plans | s. |
| | 6. | | you have procedures in place designed to prevent fair housing ms? | 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 Professional Liability Errors and Omissions Insurance.

Name of applicant:

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

Date:

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



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COVERAGE OPTIONS

The following coverage options may be available. Each option must be approved by an underwriter prior to adding. No prior acts would apply to any coverage enhancement. Please have the insured check the desired option.

| ENHANCEMENTS, WITH APPLICABLE ADDITIONAL PREMIUMS: |
|--|
| 1. 25% - Full prior acts coverage. Please provide the date their operations began: |
| 2. 25% - Copyright/trademark coverage (subject to a \$500,000 sub limit) |
| 3. 25% - Computer virus coverage |
| 20% - Coverage for defense costs outside of limits This would be limited to the aggregate limit on the policy Maximum available is \$5,000,000 |
| 5. 15% - First-dollar defense coverage |
| REDUCTIONS OF COVERAGE, WITH APPLICABLE RETURN PREMIUMS*: |
| 6. 10% - To delete coverage for independent contractors |
| 7. 10% - To delete coverage for personal injury |
| 8. 10% - To delete third-party discrimination coverage |
| 9. 10% - To delete coverage for punitive damages |

* A maximum return premium of 30% is available regardless of the amount of options chosen.