

PROPERTY MANAGERS SUPPLEMENTAL APPLICATION

1. Please provide a breakdown below of all properties managed during the past fiscal year. (Number of units, average market value of property).

		Number of Units	Average Value o	of Property	
	Residential Single Family Home		\$		
	Apartments		\$		
	Condominiums and/or Cooperatives		\$		
	Shopping Centers		\$		
	Office Buildings		\$		
	Commercial or Industrial		\$		
	Other, (Please explain)		\$		
2.	Does the Applicant or any principal, owner, direct have any ownership in any property managed?	tor, officer, partner or em	ployee of the Applic	ant □ Yes	 □ No
	If Yes, what percentage of ownership?				%
3.	Is the Applicant certified as a property manager?			☐ Yes	□ No
4.	Is a budget prepared for each property managed	?		☐ Yes	□ No
5.	Is a credit report obtained on each prospective te	nant?		☐ Yes	□ No
6.	Is a reference check performed with respect to ea	ach prospective tenant?		☐ Yes	□ No
7.	Is the Applicant responsible for performing repairs to any of the property managed?			☐ Yes	□ No
	If Yes,				
	a. What is the budgeted amount of repairs to be done on all properties?			\$	
	b. What percentage if any of this work is sub-co	ntracted?			%
	c. Does the Applicant require independent / sub	contractors to maintain	E&O insurance?	□Yes	□ No

Business Risk Partners, Property Managers Supplemental Application, 8/04

8.	Is the Applicant involved in leasing activity?		☐ Yes ☐ No
	If Yes, who performs the Applicant's legal work?		
	s understood and agreed that this supplemental applications & Omissions Insurance.	plication shall become a part of the application	on for Professional
TH	IE APPLICATION MUST BE SIGNED AND DATE	D BY AN OWNER, OFFICER OR PARTNER	!.
Аp	plicant Signature:	Date (Mo-Day-Yr):	
Na	me and Title (Please Print):		