



1752 Lincoln Avenue San Rafael, CA 94901
 Phone: 415-257-2100 Fax: 415-455.1516 Web Site: www.costelloandsons.com

**PROPERTY MANAGER SUPPLEMENT
 REAL ESTATE AGENTS ERRORS & OMISSIONS LIABILITY**

A. PROPOSED APPLICANT

Name of Applicant: _____
 Mailing Address, City & State: _____
 Phone: _____ Fax: _____ Email: _____

B. PROFESSIONAL SERVICE ACTIVITIES AND SPECIALTY

- 1. Current Fiscal Year Annual Revenues \$ _____
- 2. Estimated Annual Revenues for Next Fiscal Year \$ _____
- 3. Current total square footage or # of Units _____
 - a. Estimated percentage of square feet or # of units that are:
 - i. Managed on a Fee Basis for a Third Party Owner _____ %
 - ii. Owned by the Applicant* _____ %
 - iii. Owned by the a Related Party/Applicant Employee * _____ %

* Attach to this application (i) the number of properties where the Applicant manages property that over 10% ownership are held, or (ii) are owned by a related party/employee and describe quality control procedures used to avoid potential conflict of interest. Attached

b. Estimated percentage of Fiscal Year Receipts by Type of Property:

	Past Fiscal Year	Projected Fiscal Yr
i. 1-4 Family Residential* (____% REO)	_____ %	_____ %
ii. Apartment/Condo/Coop*	_____ %	_____ %
iii. Hotel/Motel/Resort/Time-Share*	_____ %	_____ %
iv. Commercial Office	_____ %	_____ %
v. Shopping Center/Mall	_____ %	_____ %
vi. Industrial Park/Warehouse	_____ %	_____ %
vii. Mobile Home*	_____ %	_____ %
viii. All Other Property*	_____ %	_____ %

* Have written procedures in place to ensure full compliance with fair housing laws and provide training and education for property management staff? Yes No

2. Does the Applicant handle any client funds (i.e., rents, property tax payment, utility payments)? Yes* No

* **If yes:**
 a. Are funds deposited into a separate account? Yes No

PROPERTY MANAGER SUPPLEMENT

- b. Are statements of accounts prepared for each client at least annually? Yes No
- c. Are accounts reconciled by someone not authorized to make deposits or withdrawals? Yes No
- d. Does the Applicant perform annual audits or reviews of these accounts? Yes No
3. Does the Applicant:
- a. Use a written contract on all properties managed? Yes* No**
 * **If yes**, attach a sample copy of the contract most commonly used: Attached
 ** **If no**, explain how this issue is managed: _____
- b. Obtain a credit report for each prospective client? Yes No *
 * **If no**, explain procedures for verifying client credit history: _____
- c. Maintain a log identifying the date, time and nature of tenant complaints? Yes No
- d. Have procedures in place to ensure that all properties managed are maintained according to clients and tenant's specifications and standards? Yes No
- e. Provide any physical maintenance for properties managed? Yes* No
 * **If yes**, indicate:
 i. The percentage of services directly performed by the Applicant: _____ %
 ii. If a log is maintained identifying the dates, status and nature of maintenance or repair work orders for all properties managed. Yes No
- f. Oversee the:
- i. Management of facility renovation and reconstruction plans? Yes No
- ii. Development and management of contracts or subcontracts for renovation and reconstruction? Yes No
- iii. Development of loss control and risk management plans in connection facility renovation and reconstruction? Yes No
4. Does the Applicant require liability insurance to be in place for all properties managed? Yes* No
 * **If yes**, indicate how the Applicant verifies liability insurance is in place:
 The Applicant is responsible for maintaining coverage
 The Applicant requires certificates of insurance from the property owners

PLEASE READ CAREFULLY

I understand that the information submitted herein becomes a part of the Applicant Firm's Real Estate Agents Errors & Omissions Liability Proposal Form and is subject to the same representations and conditions.

_____ Dated

_____ Signature of Owner, Partner, Officer or Principal

_____ Title

_____ Owner, Partner, Officer or Principal (Print Name)