

SUPPLEMENT FOR REAL ESTATE SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Does the Applicant provide the following services? If Yes, provide the percentage of total services provided.

Percentage

- | | |
|---|-------------|
| (a) Residential Real Estate Agent or Broker | _____ % |
| (i) Provide the following for residential properties sold in the past twelve (12) months: | |
| Number of transactions: _____ | |
| Average property value: \$ _____ | |
| Highest property value: \$ _____ | |
| (b) Commercial/Industrial Real Estate Agent or Broker | _____ % |
| (c) Residential Property Management | _____ % |
| (i) Provide the percentage of management fees derived from each of the following: | |
| Apartment _____ % Home Owners Association _____ % Other _____ % | |
| Condo/Coop _____ % Timeshare _____ % | |
| (d) Commercial/Industrial Property Management | _____ % |
| (e) Real Estate Leasing Agent | _____ % |
| (f) Real Estate Appraisal * | _____ % |
| (g) Construction Consultant | _____ % |
| (h) Construction/Project Manager | _____ % |
| (i) Real Estate Development | _____ % |
| (j) Asset Management | _____ % |
| (k) Other (specify) _____ | _____ % |
| TOTAL | 100% |

* If Real Estate Appraisal services are rendered, also complete Supplement for Property Appraisal Services, EO-31021.

3. Does the Applicant provide services for foreclosed properties or for short sales? [] Yes [] No
If Yes,
(a) Estimated annual percentage of transactions to:
(i) Foreclosed properties: _____ %
(ii) Short sales: _____ %
a. Percentage of short sales transaction that utilize the auction method: _____ %
(b) Describe the Applicant's disclosure and inspection procedures for foreclosed properties and for short sales.

4. Does the Applicant engage in dual agency transactions? [] Yes [] No
If Yes,
(a) Estimated annual percentage of dual agency transactions ? _____ %
(b) Describe the Applicant's procedures for disclosing dual agency representation to all parties involved in the transaction. _____
5. Does the Applicant use a Home Protection or Warranty program? [] Yes [] No
(a) If Yes, what percentage of units sold include such programs? _____ %
6. Does the Applicant use an in-house office policy/procedures manual? [] Yes [] No
7. Has the Applicant ever been the subject of disciplinary action by a regulatory agency resulting from the violation of any federal, state or local fair housing law? [] Yes [] No
(a) If Yes, attach a separate sheet detailing the action(s), the result(s) and steps taken to mitigate future disciplinary actions.
8. Does the Applicant and/or any of its subsidiaries and/or affiliates form, manage or organize group investments/syndications (i.e., limited partnerships, general partnerships, corporations, REITs, etc.)

for the purpose of investing in real property?[] Yes [] No

(a) If Yes, provide details. _____

(b) Percentage of real estate services provided to properties for which the Applicant has formed an investment vehicle for: _____%

9. Is the Applicant engaged in, owned by or controlled by any other organization?[] Yes [] No

(a) If Yes, provide details. _____

10. Does the Applicant engage in or own or control any organization that engages in any construction management, construction consulting or real estate development?[] Yes [] No

(a) If Yes, provide details. _____

11. Does the Applicant have an exclusive listing agreement with any builder or development organization? ..[] Yes [] No

If Yes, provide details. _____

12. Does the Applicant provide real estate services on any property in which the Applicant or any other person proposed for this insurance or their spouses or family members, or any parent company or any subsidiary or affiliated or associated business enterprise of the Applicant has or have an ownership interest?.....[] Yes [] No

If Yes, provide the following for each real estate property ("Property") that that is owned, in whole or in part, by the Applicant or any employee or their spouses or family members, or any parent company or any subsidiary or affiliated or associated business enterprise of the Applicant ("Related Owner"). Attach a separate sheet if more space is needed.

Name of Property	Address of Property	a. Nature of Services Provided by the Applicant to the Property; b. Estimated Annual Fees; and c. Receipts for the Coming Year From Such Services	% Ownership Interest Held By All Related Owners Combined	Is the Property a Client of the Applicant? Yes/No	Does the Property have CGL Insurance? Yes/No
		a. b. c.			
		a. b. c.			
		a. b. c.			
		a. b. c.			
		a. b. c.			
		a. b. c.			

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date