

CLAIMS MADE WARNING FOR APPLICATION

THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

Whenever printed in this Proposal Form, the terms in **boldface** type shall have the same meanings as indicated in the **Policy**. This Proposal Form is to be completed with respect to the entire **Real Estate Organization**. **Real Estate Organization** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

1. All Applicants must fully complete Sections: **A, B, and C**
2. Provide details to all “Yes” answers, when applicable, by attachment.

Section A: Contact Information

Name of **Real Estate Organization**

Street Address

Suite

City

County

State

Zip Code

Website Address (if applicable)

Federal Employer Identification Number (FEIN)

The Officer designated as agent of the **Real Estate Organization** and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Contact Name

Title

E-mail Address

Telephone Number

Fax Number

Producer Information

Submitted by (Agency Name)

Dated

Agent's Name (Individual's Name)

Agent's License Number

Section B: Coverage Section(s) Requested

Directors, Officers and Organization Liability Insurance Coverage:

Yes No

Limit Requested: \$

Employment Practices Liability Insurance Coverage :

Yes No

Limit Requested: \$

Fiduciary Liability Insurance Coverage:

Yes No

Limit Requested: \$

E&O Coverage

Yes No

Limit Requested: \$

Combined Aggregate Limit of Liability for all **Coverage Sections**.

Section B: Coverage Section(s) (continued)

1. Provide the following information regarding the **Real Estate Organization's** most recent insurance policies. If "None", so state. **Include copies of current coverage.**

Type of Policy	Insurance Carrier	Expiration Date	Limit of Liability	Deductible	Premium
Professional / E&O Liability: <input type="checkbox"/> None	_____	_____	\$ _____	\$ _____	\$ _____
Directors and Officers Liability: <input type="checkbox"/> None	_____	_____	\$ _____	\$ _____	\$ _____
Employment Practices Liability: <input type="checkbox"/> None	_____	_____	\$ _____	\$ _____	\$ _____
Fiduciary Liability: <input type="checkbox"/> None	_____	_____	\$ _____	\$ _____	\$ _____
Cyber / Privacy Liability: <input type="checkbox"/> None	_____	_____	\$ _____	\$ _____	\$ _____

2. Has the Extended Reporting Period (or Discovery Period) been exercised for the **Real Estate Organization's** most recent Directors and Officers Liability, Employment Practices Liability, Cyber/Privacy Liability, Errors & Omission/ Professional Liability or Fiduciary Liability insurance policies? Yes No
3. Within the last 3 years, has any **Claim** been made or has notice been given under any of the previous policies for Directors and Officers Liability, Employment Practices Liability, Cyber/Privacy Liability, Errors & Omissions/ Professional Liability or Fiduciary Liability insurance or similar insurance? Yes No
4. Within the last 3 years, has any Directors and Officers Liability, Employment Practices Liability, Cyber/Privacy Liability, Errors & Omissions/ Professional Liability or Fiduciary Liability insurance, or similar insurance policies for the **Real Estate Organization's** ever been cancelled or non-renewed? Yes No
NOT APPLICABLE IN MISSOURI

Section C: General Information (Provide details to all "Yes" answers by attachment)

1. (a) The **Named Insured** has been in continuous operation since: _____
- (b) Year the **Named Insured** began business : _____
2. (a) **Real Estate Organization's** website: _____
3. (a) Form of organization: Cooperative Corporation Joint Venture*
 Limited Liability Corporation Nonprofit Partnership*
 Sole Proprietorship Other: _____
- * If a Partnership or Joint Venture, provide participation or ownership structure details by attachment.
- (b) Type of organization: Manufacturing / Production Public Administration Retail Trade
 Service Industry Web Based Wholesale Distributing
4. Is the **Named Insured/ Real Estate Organization** or any **Subsidiary** publicly held or a public reporting company under the Securities Exchange Act of 1934? Yes No

Section C: General Information (Continued)

5. Revenue

	Prior Fiscal Year \$	Current Fiscal Year \$	% of Total Revenue	Annual No. of Transactions
Real Estate Sales				
Property Management				
Title Agent				
Escrow Agent				
Construction Management				
Mortgage Brokering				
Property Development				
Auctioneer				
Leasing				
Appraising				
Total Revenue				

6. Percentage of Revenue:

Commercial: _____

Residential: _____

Other (describe): _____

7. Total Assets: _____ Equity: _____ Operating Income: _____ Debt: _____

8. Total # of Employees: Full Time: _____ Part Time: _____

California: _____

All Other States: _____

9. (a) Is the **Real Estate Organization** currently in bankruptcy? Yes No
- (b) Within the next 12 months, is the **Real Estate Organization** contemplating filing a petition for protection under the bankruptcy code? Yes No
10. (a) Within the last 12 months, has the **Real Estate Organization** had any **Subsidiary**, plant, facility, branch or office closings, consolidations or layoffs? Yes No
- (b) Within the next 24 months, does the **Real Estate Organization** anticipate any **Subsidiary**, plant, facility, branch or office closings, consolidation or layoffs? Yes No
- If "Yes", provide the following details by attachment: Date of event; number of Employees affected; whether outside employment counsel was consulted; and, whether severance packages were offered to all Employees affected
11. Within the last 3 years, has there been any change (resignations, departures, retirements, etc.) in the position of the Chairman of the Board, President, Chief Executive Officer or Chief Financial Officer? Yes No
- If "Yes", provide the following details by attachment: Name of individual; date of change; and reason for change.
12. Provide the following information on all Subsidiaries of the **Real Estate Organization**. If "None", so state. None

<u>Subsidiary Name</u>	<u>Nature of Business</u>	<u>Percent* Owned by the Real Estate Organization</u>	<u>Date Created or Acquired</u>	<u>Domestic / Foreign</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*If Subsidiary is less than 100 percent owned, provide details to all minority owners, when applicable, by attachment.

13. During the last 5 years, has the **Real Estate Organization** or any of the **Insured Persons** received any written demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative or arbitration proceeding, including both domestic or foreign equivalents, involving:
- (a) Any intellectual property disputes, including Copyright, Patent, or Trademark Laws? Yes No
- (b) Any alleged violation of any Federal or State Security Law or Regulation? Yes No

- (c) Any alleged violation of any Federal or State Anti-Trust or Fair Trade Law? Yes No
- (d) Any other allegations of violations of federal, state or local statute, regulation, ordinance or common law that would otherwise be within the scope of this proposed insurance? Yes No

14. Provide the name of the law firm(s) and attorney(s) used for general business affairs: _____

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES IN QUESTION 10. UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED.

If "Yes" to ANY PART OF QUESTION 11., provide FULL DETAILS for each ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED BY providing the following information for each ALLEGATION BY ATTACHMENT:

- | | | | |
|---------------------------|--|---------------------|--------------------|
| (a) Date Claim first made | (b) Claimant's Name | (c) Allegation | (d) Current Status |
| (e) Demand Amount | (f) Settlement (Indemnity) or Reserve Amount | (g) Attorney's fees | |

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 13.

Section D: Directors, Officers and Corporate Liability Insurance Coverage Section

1. Provide the following information regarding the **Real Estate Organization's** outstanding ownership:
- | | | |
|--|---|-----------------|
| | <u>Common Stock/
Membership Units</u> | Preferred Stock |
| (a) Total number of shares or units outstanding: | _____ | _____ |
| (b) Total number of security holders: | _____ | _____ |
| (c) Number of shares or units owned directly and/or beneficially by the Insured Persons : | _____ | _____ |
| (d) Does any security holder own, or have the right to own, directly and/or beneficially, 5 percent or more of the Real Estate Organization's outstanding shares of units? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

If "Yes", provide the following information:

<u>Name of Security Holder</u> (including individual and corporate names)	<u>Percent Owned by Security Holder</u>	<u>Represented on the Franchisor's Board of Directors or Board of Managers?</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Within the last 18 months, has the **Real Estate ORganization** been involved in, or is it presently considering, any sale of its stock (in excess of 10 percent of the total stock outstanding), repurchase of its stock, merger, consolidation, acquisition, tender offer, private placement, or divestment? If "Yes", complete (a), (b) and (c) below: Yes No
- (a) Is this with respect to a Registration Statement for a public offering of securities within the next 12 months? Yes No
- If "Yes", attach the prospectus including all amendments thereto, or describe below if prospectus is unavailable.

- (b) Is this with respect to funds being generated by venture capital or private placement funding? Yes No
- If "Yes", describe: _____

(c) If "No", for (a) and (b) above, provide the following details below: Description of referenced transaction; date or anticipated date of transaction; and any other appropriate details: _____

3. Who is the current accounting firm and partner retained by Named Insured: _____

- (a) In the last 3 years has Named Insured changed accounting firms? Yes No
- (b) If yes, why and who was previous firm: _____

Section E: Employment Practices Liability Insurance Coverage Section Information

1. Number of Employees:	<u>Total Full Time</u>	<u>Total Part Time</u>	<u>Total Leased</u>	<u>Full Time located in CA</u>	<u>Independent Contractors</u>	<u>Annual Full Time Turnover Rate</u>
Current Year:						
Last Year:						

2. What percentage of the **Real Estate Organization's Employees** currently earns more than \$100,000? _____ %
3. Does the **Real Estate Organization** currently employ a full time Human Resources professional? Yes No
4. Does the **Real Estate Organization** (details to "Yes" or "No" answers are not required by attachment):
- (a) Utilize employment applications for all prospective **Employees**? Yes No
 - (b) Require the Human Resource Department to review and approve each proposed **Employee** termination? Yes No
 - (c) Have outside employment counsel review each proposed **Employee** termination? Yes No
 - (d) Maintain a written policy prohibiting Sexual Harassment and distribute that policy to all **Employees**? Yes No
 - (e) Conduct mandatory periodic **Employee** education regarding prohibited forms of harassment? Yes No
 - (f) Periodically have its employment policies and procedures reviewed by outside employment counsel? Yes No
 - (g) Periodically have its employment policies and procedures distributed to all **Employees**? Yes No
 - (h) Have a written procedure for notification and handling of employment related grievances, disputes, notifications, or claims? Yes No
5. Indicate which formal written policies and procedures have been implemented and attach a copy of each. If "None", so state. None
- | | | |
|---|---|--|
| <input type="checkbox"/> Employee Handbook / Manual | <input type="checkbox"/> Anti-Harassment Policy, including Sexual Harassment | <u>Employers with more than 50 Employees</u> |
| <input type="checkbox"/> Anti-Discrimination Policy – Equal Opportunity Employment (EEO) Policy | <input type="checkbox"/> Adherence to Employment "at-will" relationship with all Employees | <input type="checkbox"/> Family Medical Leave Act
<u>California Employers Only</u>
<input type="checkbox"/> California Family Rights Act |
6. During the last 5 years, has any **Insured** known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or in any of the following forums, including both domestic or foreign equivalents?
- (a) National Labor Relations Board? Yes No
 - (b) Equal Employment Opportunity Commission? Yes No
 - (c) Office of Federal Contract Compliance Programs? Yes No
 - (d) U.S. Department of Labor? Yes No
 - (e) Any state or local government agency such as the Labor Department or fair employment agency? Yes No
 - (f) U.S. District or State court? Yes No
7. During the last 5 years, has any current or former **Employee** or third party made any **Claim**, or otherwise alleged discrimination, harassment, wrongful discharge and/or **Wrongful Acts** against any **Insured**? Yes No
A Claim is not limited to the filing of a lawsuit or complaint with the Equal Employment Opportunity Commission or similar state or local agency. **A Claim** may also include a written demand by any current or former **Employee** seeking relief in connection with an employment-related dispute or grievance.
8. Provide the name of the law firm(s) and attorney(s) used for employment related issues and consulted on employee handbook:

IF "YES" TO ANY PART OF QUESTIONS 6. OR 7., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Date Claim first made	(b) Claimant's Name	(c) Allegation	(d) Current Status
(e) Demand Amount	(f) Settlement (Indemnity) or Reserve Amount	(g) Attorney's fees	

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Section F: Real Estate Services

F.1 Real Estate Agents/Brokers Malpractice

A. Complete the following for each principal, partner, director or officer. Use separate sheet if necessary.

Name	Title/Position	Percentage Ownership	Current License Status	Month and Year First Licensed as a Real Estate	Professional Designations	License Ever Revoked or Suspended

B. Complete the following for the firm's staff (include individual only once)

	Number of Full Time	Number of Part Time	Number of Inactive
Real Estate Agents/Brokers/Independent Contractors			
Property Managers			
Appraisers			
Referral Agents (referring only to applicant)			
Clerical/Administrative			
Other (please describe)			
Total			

C. Does the firm:

a.) Have any one client, which represents more than 20% of the firm's income and/or listings? Yes No

If yes, please explain: _____

b.) Or any individual or entity proposed for coverage have an exclusive listing agreement with any builder/developer? Yes No

If yes, number of units sold in the past 12 month's _____

D. Income for the past 12 month's _____

E. Please list the property values of your five largest transactions in the last three years:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

F.2 Real Estate Appraisal

Types of Appraisals	Total Gross Income	Other Services	Total Gross Income
1. Single Family Residences	\$	<i>Note the following services are not automatically covered in the policy</i>	
2. Multi-Family Dwellings	\$		
3. Lots/Vacant Land	\$	Right-of-Way	\$
4. Land Development/Subdivisions	\$	Personal Property	\$
5. Industrial Property	\$	Flood Zone Certifications	\$
6. Office Space	\$	Construction Phase Inspections	\$
7. Other Commercial Property	\$	Phase 1 Environmental Inspection	\$
8. Farms/Ranches/Forestry	\$	Other	\$

F.2 Real Estate Appraisal (Continued)

B. Do you provide appraisal services to:

- 1. Real Estate Developers Yes No
- 2. Investors/Syndicators Yes No

If so, provide % of fees

	%
	%

C. Do you provide Business Valuations Services? Yes No

D. Appraisal Procedures:

- 1. Are fees always independent of the appraised value? Yes No
- 2. How many appraisal apprentices are working at the firm?
- 3. What is the largest number of apprentices being supervised by any one appraiser?

F.3 Mortgage Brokerage

A. Top 3 Lender/Investor clients: 1. _____ 2. _____ 3. _____

B. Provide a percentage breakdown of the areas in which the mortgage are made:

Residential: _____% Commercial: _____% Industrial: _____% Construction: _____% Other: _____%

C. Services rendered:

Origination	%
Servicing	%
Underwriting	%

Loan Funding or Warehousing Credit	%
Soliciting	%
Repurchasing	%

D. For the last 12 months, please provide the following

Average size loan	%
Largest size loan	%
Total dollar value of loans	%

E. Does firm loan the firm's own funds? Yes No

F. Does the firm close or fund loans without having an advance written commitment from an investor to purchase the loans? Yes No

G. Does the firm have a warehouse line of credit, If yes, what is the amount? Yes No \$ _____

If yes, what is the average number of years the line of credit has been in place with the current warehouse lenders? \$ _____

H. What percentage of loans originated are reviewed by separate quality control personnel? _____%

I. What percentage of loans originated are for clients who applied over the internet? _____%

J. What % of loans originated are for clients outside of the state of domicile? _____%

If % is greater than 0%, what % of these services are provided:

- Through employed personnel _____%
- Through independent contractors _____%

K. (a) Does firm provide mortgage loan services for homes that are sold by the real estate agents from the firm or an entity related to the firm? Yes No

(b) In these transactions, does the real estate agent inform the client that they are under no obligation to use this mortgage brokers services? Yes No

F. 4 Property Management

A. For the last 12 months, please provide a breakdown of properties managed:

Type of Property	Gross Property Management Income
1. Single Family Residences	\$
2. Apartment Buildings	\$
3. Condominiums/Cooperatives/Homeowners Associations	\$
4. Vacation or Resort Property	\$
5. Office Space	\$
6. Shopping Centers, malls or other retail locations	\$
7. Industrial Buildings	\$
8. Mobile Home Parks	\$
9. Hospital, medical, nursing Home or Assisted Living Facilities	\$
10. Hotels and Motels	\$
11. Other. Please describe	\$

B. What percentage of properties managed are:

1. Owned by the firm, a related entity or anyone employed by the firm? _____%
2. Developed by the firm, a related entity or anyone employed by the firm? _____%
3. Constructed by the firm, a related entity or anyone employed by the firm? _____%

C. Does the firm use a written contract on all properties managed? Please provide a copy of the standard agreement. Yes No

D. Are all properties insured for comprehensive general liability coverage with limits of at least \$1 million? Yes No

E. Who is responsible for maintaining insurance coverage on the properties?

- The property manager firm is responsible for maintaining the coverage
- The property owner is responsible for maintaining the coverage and providing firm with a Certificate of Insurance.

F. What is the dollar amount of the Applicant authority for capital improvements, repairs, etc.? \$ _____

G. Do you oversee:

1. The management of facility renovation and reconstruction plans? Yes No
2. The development and management of contracts or subcontracts for renovation and reconstruction? Yes No
3. The development of loss control and risk management plans in connection with properties? Yes No

F. 5 Title Services

A. Title Activities, Gross Income for the last 12 months:

1.	Title Insurance Agent Commissions	\$
2.	Title Abstracting/Search Fees	\$
3.	Closing Services	\$
4.	Other (please describe)	\$
	Total	\$

B. Real Property Categories

1.	Residential	%
2.	Commercial/Industrial	%
3.	Agricultural	%
4.	Oil/Gas/Precious Metals/Minerals	%
5.	Other	%

F. 6 Escrow Services

- A. How many years have Escrow Services been continuously offered _____
- B. If less than 5 years, please describe the experience of individual overseeing escrow operation:

- C. Number of escrows handles in a 12 month period _____
- D. How many for customers who did not buy/sell the property through your Real Estate firm? _____
- E. How many for commercial properties? _____
- F. Are Escrow accounts segregated? _____
- G. During the past two years, have you handled disbursement of funds as construction progressed, or have you handled any periodic disbursement type escrows? Yes No

	Gross Revenue	# Transactions	Largest State
Past Fiscal Year:			
Current Fiscal Year:			

F. 7 Construction Managers

A. Is the Company a General Contractor? Yes No

B. Number of Staff:
 Construction Manager: _____
 Project Managers: _____

C. Does the Applicant provide Construction Management, other than Construction Administration / Observation in conjunction with the Applicant;s own design, as a project owner's representative under a specific agreement (e.g. AIA-CM Series)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please complete questions a - d:	
a). What percentage of the applicant's construction management services involve:	
1a. "Agency" Construction Management - Fee based services with responsibility to the owner to act in the owner's interest at every project stage?	%
2a. "At-Risk" Construction Management - A project delivery method that commits to deliver a project within a guaranteed maximum price (GMP)?	%
If the applicant's construction management services involve "At-Risk" construction mgt:	
i) Have any of the applicant's completed GMP projects not been completed within the guaranteed maximum price?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ii) Is the applicant aware of any GMP projects that may not be completed with the guaranteed maximum price? If Yes to 1a) or 2a), please provide details: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
b). During the last two years, has the applicant performed construction management on any projects where they also entered into a design-build contract? If Yes, what percentage on their contracts? _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%																												
c). Is the applicant a certified construction manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
d). Is the applicant a member of the Construction Management Association of America (CMAA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
D. Client Drafted Agreement – Include Copy	_____% _____% _____%																												
E. Are certificates of insurance obtained and reviewed from:	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
Owner/Developer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																													
General Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																													
Subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																													
F. Please provide the following information on your firm's three (3) largest current projects:																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Project Name</th> <th style="width: 15%;">Location</th> <th style="width: 15%;">Owner / Client</th> <th style="width: 15%;">Project Type</th> <th style="width: 15%;">Services Performed</th> <th style="width: 15%;">Total Professional Fees</th> <th style="width: 15%;">Estimated Construction Value</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	Project Name	Location	Owner / Client	Project Type	Services Performed	Total Professional Fees	Estimated Construction Value						\$	\$						\$	\$						\$	\$	
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					\$	\$																							
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					\$	\$																							
G. If the response is "Yes" to any question in this section, please provide details on a separate sheet																													
Does your company or any principal, partner, officer, director, or shareholder or an immediate family member of any such person have more than a 25% combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												

Section G: Fiduciary Liability Insurance Coverage Section Information

1. Provide the following information regarding each employee welfare benefit plan, employee pension benefit plan or pension plan, as defined by ERISA, (hereinafter referred to as **Employee Benefit Plan(s)**) which the **Real Estate Organization** maintains or to which it contributes.

<u>Name of Plan</u>	<u>Type of Plan*</u>	<u>Name of Plan Sponsor</u>	<u>Number of Plan Participants</u>	<u>Annual Contributions</u>	<u>Fair Market Value of Plan Assets</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Type of Plan: (DB)=Defined Benefit; (DC)=Defined Contribution; (ESOP)=Employee Stock Ownership Plan; (WB)=Health & Welfare Benefit; (MEP)=Multi Employer Plan or Multiple Employer Plan; Excess Benefit or Top Hat (EB); (O)=Other

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR EMPLOYEE BENEFIT PLAN(S) IN QUESTION 1. FOR WHICH THE ABOVE INFORMATION IS INCOMPLETE OR NOT PROVIDED.

- 2. Has any employee pension benefit plan or pension plan invested in securities of the **Real Estate Organization**? If "Yes", provide the following details by attachment: number of shares; cost of shares to the plan; fair market value of shares. Yes No
- 3. Has any employee pension benefit plan or pension plan invested in more than 10 percent of any entity (other than the **Real Estate Organization** or a pooled investment vehicle such as a mutual fund)? If "Yes", provide name of entity and amount of investment: _____ Yes No
- 4. Has any **Employee Benefit Plan** loaned or pledged any **Employee Benefit Plan** assets to any party-in-interest (including the **Real Estate Organization**)? If "Yes", provide details by attachment. Yes No
- 5. Are any defined benefit plans under funded by more than 20 percent? If "Yes", provide details by attachment. Yes No
- 6. Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions? If "Yes", provide plan name and amount of overdue contributions by attachment. Yes No
- 7. Within the last 3 years, has there been, or is there currently under consideration, any restructuring, spin-off, transfer, consolidation, merger, termination or other similar transaction of any **Employee Benefit Plan**? If "Yes", provide the following details of the transaction by attachment: whether assets have been fully distributed; date or expected date of any transfer of employees or **Employee Benefit Plans**; copies of any materials relating to the transaction that were distributed to employees or filed with government agencies. Yes No
- 8. If any of the following questions are answered "No", provide details by attachment.
 - (a) Are all **Employee Benefit Plans** compliant with the Health Insurance Portability and Accountability Act ("HIPAA")? Yes No
 - (b) Does the plan sponsor comply with the summary plan description requirements under ERISA for all **Employee Benefit Plans**? Yes No
 - (c) Do all employee pension benefit plans or pension plans have a written investment policy? Yes No
 - (d) Are all employee pension benefit plan or pension plan assets managed by a third party investment manager? Yes No
 - (e) Do the fiduciaries review the investment guidelines used by the investment managers at least annually? Yes No
 - (f) Is the "fair market value" of all employee pension benefit plan or pension plan assets calculated at least annually? Yes No
- 9. During the last 5 years, has there been, or is there currently, any investigation by the IRS, Department of Labor ("DOL"), Pension Benefit Guarantee Corporation ("PBGC"), or any other state or federal agency of any **Employee Benefit Plan** or any current or former fiduciary of such **Employee Benefit Plan**? If "Yes", provide details by attachment. Yes No
- 10. During the last 5 years, has any **Insured** been named as a party in any civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any other written demands for money or services that would be within the scope of this proposed insurance? Yes No

IF "YES" TO QUESTION 10., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

- | | | | |
|----------------------------------|--|---------------------|--------------------|
| (a) Date Claim first made | (b) Claimant's Name | (c) Allegation | (d) Current Status |
| (e) Demand Amount | (f) Settlement (Indemnity) or Reserve Amount | (g) Attorney's fees | |

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 10.

Prior Knowledge Information

1. Is any **Insured** aware of any actual or alleged act, error, omission, fact, or circumstance or situation involving any **Insureds** that might reasonably be expected to result in a **Claim** as defined in each **Coverage Section** applied for? Yes No

IF "YES" TO QUESTION 1., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

- | | | | |
|----------------------------------|--|---------------------|--------------------|
| (a) Date Claim first made | (b) Claimant's Name | (c) Allegation | (d) Current Status |
| (e) Demand Amount | (f) Settlement (Indemnity) or Reserve Amount | (g) Attorney's fees | |

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NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS: 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.

NOTICE TO APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: 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.

NOTICE TO APPLICANTS OF FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO ARKANSAS, Warning: It is a crime, see page 7 on canopy app, LOUISIANA, MARYLAND, AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Please Read Carefully

The undersigned, acting on behalf of all **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the **Policy** inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- Any **Policy**, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Insureds** shall be imputed to any other **Insureds**. If any person or persons knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, then this **Policy** will be void as to that person or persons. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Chief Financial Officer of the **Real Estate Organization** knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, then this **Policy** will be void as to that person or persons and the **Real Estate Organization**;
- This Proposal Form has been completed as respects the entire **Real Estate Organization**;
- The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

Date

President, Chief Executive Officer or Chief Financial Officer (Signature)

Print Name

This Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED

Please submit the following items along with a completed, signed, and dated Application:

- **Copies of all current in-force policies**
- **5-Year Loss Runs or Current Litigation Schedule**
- **Most Recent Financial Statements**
- **Employee Handbook (if seeking Employment Practices)**
- **Copy of most recent 5500s (if seeking Fiduciary Liability)**
- **Sample Contracts**