



Axis Insurance Services, LLC
 795 Franklin Avenue #206
 Franklin Lakes, NJ 07417
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OWNED PROPERTY SUPPLEMENTAL APPLICATION

Please read this entire Supplemental Application carefully before signing. Whenever used in this Supplemental Application, the term “Applicant” means the Named Insured(s).

Name of Applicant: _____

Please provide the following information for each property in which any Insured has/had an ownership interest, if the Insured within the past 12 months has performed or within the next 12 months plans to perform Professional Services in connection with the property:

Property Location (City and State)	Description of Property’s End Use	Market Value/ Annual Rental Income	Professional Services Performed For The Property	Commissions Or Fees	Percentage Owned By Insured(s)	Name(s) Of Additional Owners
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	
		\$		\$	%	

By signing this Supplemental Application, the Applicant understands and agrees that the information submitted herein and all attachments becomes a part of, is deemed attached to, and is subject to the same representations and conditions of, its application for professional liability insurance. This Supplemental Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

 Date (Mo./Day/Yr.)

 Applicant Signature

 Print or Type Name

 Title