

**OWNED PROPERTY SUPPLEMENT**

NAME OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

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

Location of Property A	Description of Property's Use (b)	Market Value or Rental Income (c)	Professional Services Performed (d)	Commissions Or Fees (e)	% Owned by Insured (f)	Other Owners (g)

- (a) Please provide city and state where property is located;
- (b) Please describe the property's end use, i.e. office building, apartment building, retail, industrial
- (c) If the insured sold or plans to sell the property, please provide the sale price or market value of the property. If the insured manages or leases the property, please provide the annual rental income that the property produces;
- (d) Please describe the services performed or to be performed for the property, i.e. acting as agent in the sale of property, property manager for the property, leasing agent for the property, ...
- (e) Commissions earned or expected to be earned from the sale of property or fees earned or expected to be earned from the management or leasing of the property;
- (f) Percentage of all prospective insured's collective direct and/or indirect ownership interest in the property;
- (g) Identities of others who have an ownership interest in the property