AIP
AMERICAN INSURANCE PROFESSIONALS, LLC.

4545 E. Shea Blvd., Suite 246
Phoenix, AZ 85028 – 3074

602.424.3351
602.424.3353 FAX
WWW.AMINSPRO.COM

SUPPLEMENT

PROPERTY MANAGER

Name of Applicant: _____

1. Does any Applicant have any financial interest in any of the properties they manage? ☐ Yes ☐ No
   If Yes, provide details. _____

2. Does the Applicant act as a General Partner for any limited partnerships? ☐ Yes ☐ No
   If Yes, provide details. _____

3. Does the applicant form or organize group investments or syndications, i.e., limited partnerships, real estate investment trusts or corporations for the purpose of investing in real estate? ☐ Yes ☐ No
   If Yes, provide details. _____

4. Is the applicant involved with property development or construction activities? ☐ Yes ☐ No
   If Yes, provide details. _____

5. Indicate the percentage of total fees derived from the following:
   Commercial _____% Industrial _____%
   Residential _____% Agricultural _____%

6. Is a budget prepared for each managed property? ☐ Yes ☐ No

7. Are you involved in space merchandising? ☐ Yes ☐ No

8. Are credit reports obtained on prospective tenants? ☐ Yes ☐ No

9. Are you responsible for negotiating, effecting or maintaining insurance coverage on the managed properties? ☐ Yes ☐ No

The undersigned, being authorized by and acting on behalf of the Applicant, warrants that to the best of his/her knowledge, and after making inquiry of other firm members, the above statements are true and agrees that this Questionnaire shall be the basis of coverage and considered part of any policy issued by the Company.

_____ **Signed:** _____

Date **(Formal Signature by Owner, President or Chief Executive Officer)**

_____

Title