

- o DEERFIELD INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(b) Commercial/Industrial Real Estate Agent or Broker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(c) Residential Property Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(d) Commercial/Industrial Property Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(e) Real Estate Leasing Agent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(f) Real Estate Appraisal *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(g) Construction Consultant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(h) Construction/Project Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(i) Real Estate Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(j) Asset Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(k) Other (specify) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
TOTAL			100%

* If Real Estate Appraisal services are rendered, attach a separate sheet detailing a percentage breakdown of the types of properties appraised, the number of appraisals and type of clients.

3. 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, attach a separate sheet detailing the percent of ownership interest for each property.
4. Does the Applicant use a Home Protection or Warranty program?[Yes [No
 If Yes, what percentage of units sold include such programs? _____ %
5. Does the Applicant use an in-house office policy/procedures manual?[Yes [No
6. 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
 If Yes, attach a separate sheet detailing the action(s), the result(s) and steps taken to mitigate future disciplinary actions.
7. Does the Applicant 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
 If Yes, provide details.

8. Is the Applicant engaged in, owned by or controlled by any other business?[Yes [No
 If Yes, provide details.

9. Does the Applicant own, control or engage in any other business?[] Yes [] No
If Yes, provide details.

10. Does any client represent more than 25% of the Applicants annual receipts?[] Yes [] No
If Yes, provide details.

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

It is understand that information submitted herein becomes a part of our 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