

Property Managers' Errors And Omissions Questionnaire

GENERAL INFORMATION

Name of Non-Profit Housing Corporation		HSC Number
Mailing address – Line 1		
Mailing address – Line 2		
City	Province	Postal Code
Contact Person		Position
Phone ()	Fax ()	Email

INSURANCE DETAILS

1. Does your corporation performs any management activity on behalf of others?
 Yes No
 If Yes, please indicate all applicable categories:

<input type="checkbox"/> General Administration	<input type="checkbox"/> Financial Management	<input type="checkbox"/> Property Management
<input type="checkbox"/> Tenants Placement Selection	<input type="checkbox"/> Property Maintenance	<input type="checkbox"/> Other (Please Describe)

2. Has your corporation previously carried Errors and Omissions Insurance: Yes No
 If yes, please provide:

Insurer Name:	Policy Term:
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3. Has any previous insurer ever cancelled or refuse to renew your Property Managers Errors and Omissions coverage?
 Yes No
 If yes, please provide details:

4. Has any claim for professional property management service been made against your corporation within the past 5 years?
 Yes No
 If Yes, please provide details:

5. Are you aware of any fact, error, omission or situation which may give raise to a professional liability claim?
 Yes No
 If Yes, please provide details:

Date of Loss (dd/mm/yyyy)	Cause of Loss	Reserve Amount	Amount Paid
		\$	\$
		\$	\$
		\$	\$

PRIVACY WORDING

PRIVACY: Have you read Marsh's Privacy Policy which is available at www.marsh.ca? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?
 By signing this form you are consenting to the statements above.

SIGNATURE

Name (please print)	Signature (Signed by authorized officer, partner or principal)
Title	
Date (mm/dd/yyyy)	