



Ten Parkway North, Deerfield, IL 60015
 (847) 572-6000 Fax (847) 572-6137
 Underwriting Manager

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- 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 | [] Yes [] No | _____ % |
| (b) Commercial/Industrial Real Estate Agent or Broker | [] Yes [] No | _____ % |
| (c) Residential Property Management | [] Yes [] No | _____ % |
| If Yes, provide the percentage of management fees derived from each of the following: | | |
| Apartment _____% | Home Owners Association _____% | Other _____% |
| Condo/Coop _____% | Timeshare _____% | |
| (d) Commercial/Industrial Property Management | [] Yes [] No | _____ % |
| (e) Real Estate Leasing Agent | [] Yes [] No | _____ % |
| (f) Real Estate Appraisal * | [] Yes [] No | _____ % |
| (g) Construction Consultant | [] Yes [] No | _____ % |
| (h) Construction/Project Manager | [] Yes [] No | _____ % |
| (i) Real Estate Development | [] Yes [] No | _____ % |
| (j) Asset Management | [] Yes [] No | _____ % |
| (k) Other (specify) _____ | | _____ % |
| 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 engage in dual agency transactions? [] Yes [] No
 If Yes,
 (a) What percentage of transactions annually involve dual representation? _____ %
 (b) Describe the Applicant's procedures for disclosing dual agency representation to all parties involved in the transaction. _____
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.

11. 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, provide the following for each real estate property ("Property") that that is owned, in whole or in part, by the Applicant or any employee or their spouses or family members, or any parent company or any subsidiary or affiliated or associated business enterprise of the Applicant ("Related Owner"). Attach a separate sheet if more space is needed.

| Name of Property | Address of Property | a. Nature of Services Provided by the Applicant to the Property; b. Estimated Annual Fees; and c. Receipts for the Coming Year From Such Services | % Ownership Interest Held By All Related Owners Combined | Is the Property a Client of the Applicant? Yes/No | Does the Property have CGL Insurance? Yes/No |
|------------------|---------------------|---|--|--|---|
| | | a. b. c. | | | |
| | | a. b. c. | | | |
| | | a. b. c. | | | |
| | | a. b. c. | | | |
| | | a. b. c. | | | |
| | | a. b. c. | | | |

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

It is understood that information submitted herein becomes a part of the 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