

Texas Specialty Underwriters, Inc. 510 Turtle Cove Blvd., Suite 200 Rockwall, Texas 75087 Voice (972) 771-5653 Fax (972) 722-5392 Watts (800) 442-7050

PROPERTY MANAGER SUPPLEMENT

(Include Acord application)

Mailling Address.		Loc			
	RESIDENTIA	L PROPERTY MANAG	EMENT NOT PERM	ПТТЕD	
1.	Does the Applicant have any financial interest in any of the properties they manage? □ Yes □ No If yes, please provide details:				
2.	Does the Applicant act as a General Partner for any limited partnerships? ☐ Yes ☐ No If yes, please 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, please provide details:				
4.	Is the Applicant involved with property management or construction activities? ☐ Yes ☐ No If yes, please provide details:				
5.	Gross Sales/Fees: \$				
6.	Indicate the percentage of total	ate the percentage of total fees derived from the following:			
	Commercial Industrial	% %	Residential Agricultural	% %	
7. 8. 9. 10.	Is a budget prepared for each managed properties? Is a budget prepared for each managed properties?	chandising? prospective tenants?	surance coverage on the	□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No	
11.	Is the Applicant rendering any services to any regulatory authorities, i.e., RTC, FDIC, FSLIC, OTS? _ Yes No If yes, please provide details:				
	P	lease attach a copy of the man	nagement contract.		
conta	erson who knowingly and with intendent of the conceals dulent insurance act, which is a critical of the conceals dulent insurance act, which is a critical of the conceans are conceans.	for the purpose of misleading, i	information concerning any	fact material thereto, commits	
Applicant's Signature		Producer's Signatu)TP	Date	