



## REAL ESTATE OFFICE SUPPLEMENTAL QUESTIONNAIRE

### Named Insured/Applicant

Policy/Quote Number

Location address:

Insured's website address:

1. Does this real estate office manage any commercial or residential properties? ☐ Yes ☐ No



**IF YES, STOP. THE INSURED IS NOT ELIGIBLE FOR COVERAGE.**



2. Are real estate agents that work with the insured "Independent Contractors"? ☐ Yes ☐ No  
Do they carry their own insurance? ☐ Yes ☐ No  
Do they name our insured as an additional insured on their policy? ☐ Yes ☐ No  
Please provide carrier: \_\_\_\_\_ Please provide limits: \_\_\_\_\_

3. Please provide driver information for **all** salespeople.

Name	Driver I.D. Number	Date of Birth	State

4. Does the insured carry Real Estate Errors and Omissions coverage? ☐ Yes ☐ No  
Carrier: \_\_\_\_\_  
Policy Term: \_\_\_\_\_  
Limits: \$ \_\_\_\_\_

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_