J.D. Smith Inusrance Brokers 2-105 West Beaver Creek Rd. Richmond Hill, Ont, L4B 1C6 1-800-917-SAVE (7283) Fax: 905-764-9618 www.jdsmithinsurance.com

PROPERTY MANAGERS SUPPLEMENTARY APPLICATION

1.	Name of Applicant			
	Address			
2.	Provide a listing of all properties managed, the value of each property, ownership and the amount of financial control or ownership interest in each of any.			
3.	Provide a copy of your property manageme	a copy of your property management contract/agreement.		
4.	. Is a budget prepared for each piece of prop	erty managed?	☐ Yes ☐ No	
	If not, please explain:			
5.	Is a credit report obtained on all prospective tenants? If not, please explain:			
	is agreed that claims made prior to the inceptio uestionnaire is a supplement to and is part of th			
ins	ny person who knowingly and with intent to defr surance containing false information, or concea ereto, commit a fraudulent insurance act which	als for the purpose of misleading, information		
PR	RODUCER:	APPLICANT SIGNATURE:		
AD	DDRESS:	TITLE:		
		DATE:		