



**CRIME PROTECTION PLUS**

**Property Manager / Real Estate Manager Supplement**

*This is a supplement to the Philadelphia Insurance Companies Crime Protection Plus Application*

Name of the Applicant: \_\_\_\_\_

1. How many properties are?

Type	No. of Residential Properties	No. of Commercial Properties
Owned:		
Managed:		

2. What is the established procedure for remitting rent payments? (Local bank to main office-bank lock box, etc...)

3. Are rents paid directly to the property manager or directly to the owners or managing company?  
\_\_\_\_\_

4. If the manager collects the rents, security deposits, etc. what is the maximum amount collected in any given month? Cash: \$ \_\_\_\_\_ Checks: \$ \_\_\_\_\_

4a. Are pre-numbered receipts issued?  Yes  No

5. Are the bank accounts in which the manager deposits funds "deposit only" accounts?  Yes  No  
(Manager can only deposit and cannot withdraw funds from the account)

6. Are resident managers employees of the insured?  Yes  No

7. Are the managers required to make deposits on the date they collect rents or does the owner or their representative collect from the managers periodically? \_\_\_\_\_

8. Is there a separate bank account maintained for each property managed and are funds for each property kept completely segregated from the funds for any property? \_\_\_\_\_

9. How often does the owner of the management company or internal or external auditors review the manager's collection process to determine that procedures are being properly followed? \_\_\_\_\_

10. Is the manager required to periodically submit to the owner a list of the apartment units rented and the rents collected?  Yes  No

11. How often does the owner investigate manager collection activity to determine that the activity is being conducted? \_\_\_\_\_

12. Is the list of rented apartment units periodically verified by the owner with a physical inspection of the building?  Yes  No

13. Does the management company require an outside CPA audit?  Yes  No

14. Does the audit include all of the premises/property managed?  Yes  No

**I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants Professional Liability Application and is subject to the same conditions as stated on the application.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

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Signature

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Date