

In an effort to provide continuing services to its members, DMAAR has arranged for qualified Affiliate Members to have "for business purposes only" access to the Supra Lockbox System subject to the terms and conditions of this Application.

Des Moines Area Association of REALTORS®[®], Incorporated
Application for Qualified Affiliate SuperCard Privileges
(Please print or type)

Date _____

Affiliate's
Name _____

Name of Affiliate's Employer

(or Company Name if self-employed)

Affiliate's Business Address

Affiliate's E-mail Address

Affiliate's Business Telephone No. _____ Affiliate Business Fax No.

Request for SuperCard

I, _____, Affiliate Member of The DMAAR request lock-box entry privileges solely for myself and hereby represent that I am employed by or do business as the following business entity (the "Company"):

Company Name

Company Business
Address _____

The Company hereby joins in this application for purposes of affirming the representations and warranties on the reverse side hereof and agreeing to the other terms and conditions hereof.

It is understood that affiliate access authorization is limited for "business purposes only." Furthermore it is understood that affiliates must sign and agree to the terms and conditions of Supra's use and lease agreement before approval can be granted.

Qualified Affiliate and the Company hereby represent and warrant that the following will be in effect at all times the Affiliate holds SuperCard privileges.

Pest Control Affiliates Qualifications and Insurance Requirements

Affiliate Member and the Company shall both be a category 7B certified commercial applicator, licensed within the State of Iowa.

Affiliate Member and Company shall each be a member of the Iowa Pest Control Association or National Control Association.

Affiliate Member and Company shall maintain at least \$ 1,000,000 E & O or professional liability insurance and such insurance shall name DMAAR as an additional insured and provide indemnification both to DMAAR and its membership.

Affiliate Member and Company shall maintain a fidelity bond in the minimum amount of \$25,000.

Affiliate Member and Company shall maintain general liability insurance in an amount not less than \$1,000,000 per incident.

Affiliate Member or Company, as appropriate, shall maintain workers compensation insurance to cover all liability for such under Iowa law.

Home Inspection Affiliates Qualifications and Insurance Requirements

Affiliate Member and Company shall each be a certified member of the American Society of Home Inspectors (ASHI) or an equivalent certified trade association.

Affiliate Member and Company shall maintain at least \$ 1,000,000 E & O or professional liability insurance and such insurance shall name DMAAR as an additional insured and provide indemnification both to DMAAR and its membership.

Affiliate Member and Company shall maintain a fidelity bond in the minimum amount of \$25,000.

Affiliate Member and Company shall maintain general liability insurance in an amount of not less than \$1,000,000 per incident.

Affiliate Member and Company, as appropriate, shall maintain workers compensation insurance to cover all liability for such under Iowa law.

Upon execution of a Use and Lease Agreement, the Affiliate Member and the Company agree to all the stated terms and conditions of such Agreement and this Application. Violation of any of such terms and conditions may constitute ground for termination of the right to use a SuperCard. Affiliate Member and Company understands that loaning of the Affiliate SuperCard is strictly prohibited.

Each qualified Affiliate Member shall pay, on demand, the appropriate initiation fee. In addition to the initiation fee, each Qualified Affiliate Member is required to pay, in advance, a non-refundable annual DMAAR fee and a non-refundable annual IAR fee and a non-refundable animal SuperCard fee for each SuperCard. Failure to pay any fees, when due, will cause the SuperCard to be deactivated.

We have read and agree to all of the terms and conditions of this Agreement and warrant and represent to DMAAR as stated above.

Name of Company

By: _____
Authorized Signature

Affiliate Member's Signature