

Additional Insureds Not Applicable

30. Please advise all entities requesting to be added as Additional Insured on this policy:

Complete Name	Address	Interest

Property Information Not Applicable

22. Please provide additional property information on all locations to be covered:

Loc #	Bldg #	Existing Building Value	Building Improvement Value (if applicable)	Total Insured Value	Co-Ins	Mortgage Amount	Automatic Sprinkler (%)	Central Station	
								Burglar Alarm?	Fire Alarm?

31. Cause of Loss:

- Basic - excluding sprinkler leakage Special - excluding sprinkler leakage Special - excluding sprinkler leakage and theft

32. Would you like the rental value option? Yes No

If Yes, please include a copy of the signed lease/contract

Rental Value: \$ _____ (6 month maximum) Effective Date: _____

33. How long has the applicant owned the property? _____

34. How long has the property been vacant? _____

35. Are there any back taxes owed or tax liens on the property? Yes No

36. Has the applicant filed for bankruptcy or been foreclosed on in the past 7 years? Yes No

37. Have any tenants been evicted from the property in the past 60 days? Yes No

38. Is the applicant aware of any prior use, storage, or manufacture of any chemical, pollutant or water products on the premises? Yes No

Partially Vacant Building Information Not Applicable

39. What percent of the building is vacant? _____%

40. What measures have been taken to keep tenants/others out of the vacant section of the building? _____

41. Is all electric connected to functional circuit breakers? Yes No

42. Is there any aluminum or knob and tube wiring on the premises? Yes No

43. Is there an adequate number of functional fire extinguishers and smoke detectors on the premises? Yes No

44. Are all permits obtained as required by law? Yes No

45. Has a valid certificate of occupancy been obtained for each tenant? Yes No

46. Building Occupancy _____ Rate Base _____ Owner Operated Yes No

Building Occupancy _____ Rate Base _____ Owner Operated Yes No

Building Occupancy _____ Rate Base _____ Owner Operated Yes No

Building Occupancy _____ Rate Base _____ Owner Operated Yes No

Building Occupancy _____ Rate Base _____ Owner Operated Yes No

47. Business Personal Property (Owner occupied section only) _____ Co-Ins% _____

48. Business Income Limit _____ Co-Ins % or monthly limit _____

49. Request for Optional Coverages _____

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED APPLICATION
THROUGH LOCAL AGENT
OR BROKER TO:

Signature of Applicant: _____ Date: _____