

Brownstone Agency, Inc. 32 OLD SLIP, 8th FLOOR NEW YORK, NY 10005-3504

Tel: (212) 962-5620 Fax: (212) 742-7934

## NEW PURCHASE/NEW CONSTRUCTION VACANT AND RENOVATION DISCLOSURE

| PRODUCER:  | NAMED INSURED  |                                      |
|--|--|--------------------------------------|
| ADDRESS OF RISK  |  |                                      |
|  | ency, Inc. requires the following information be completed on process and before a binder can be issued:   | ly filled out and returned to us as  |
| At the time we   | e bind coverage, will premises be vacant? :;   |                                      |
| Vacant: Ye   | es No  |                                      |
| If NO, have you s  | served any notices of eviction or otherwise to any tenant  | in housing court seeking an eviction |
| order? (Yes or No  | o)   |                                      |
| If YES,  |  |                                      |
| <ul> <li>How many un</li> <li>How long has</li> <li>When is full of</li> <li>Prior occupan (If intent is R</li> <li>Are any renov</li> <li>Renovations:  Cosmetic: Yes</li> <li>Describe: Yes</li> <li>Commencement</li> <li>Estimated Times</li> <li>Have permits</li> <li>Needed information</li> <li>A) Scope of the</li> </ul> | e units occupied? If so, how many? :; its are vacant? :; the property been vacant? :; ccupancy expected? :; cy was:; and intended disposition is: Sale; cenovation, please refer to below)  rations planned after we bind coverage? :;  Yes No (complete below if "Yes")  In the No; The of Project:; The of Project:; The obtained?; The of project:; The work. Hard and soft cost. The of insurance from the contractor. |                                      |
| Applicant's Signature:   | Title:   | Date:                                |
| -  | (OWNER, PRINCIPAL, OR PARTNER)   | <del></del>                          |
| Broker's Signature:  |  | Date:                                |
| Address:   |  |                                      |