

THE BROWNSTONE PROGRAM

Underwriting Application

MAIL TO: BROWNSTONE AGENCY; 32 OLD SLIP, FL. 8, NEW YORK, NY 10005 OR FAX TO: 212.742.7934

WWW.BROWNSTONEAGENCY.COM

Policy Dates:	From:	To:
Named Insured:		
Mailing Address:		
Telephone Number:	Fax #:	E-mail:
Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/> Explain:		
Condo <input type="checkbox"/> Co-op <input type="checkbox"/> Rental <input type="checkbox"/> Residence <input type="checkbox"/>		
Building Address (if different from mailing address):		
DOES THIS LOCATION CONTAIN ANY OF THE FOLLOWING INELIGIBLE RISKS: HOMELESS SHELTERS; TEMPORARY SHELTERS; EMERGENCY SHELTERS; SUBSTANCE ABUSE PROGRAMS; MENTAL HEALTH FACILITIES; SROs (SINGLE ROOM OCCUPANCY); FRATERNITY OR STUDENT HOUSING; ANY NON-PROFIT CITY OR STATE SPONSORED SOCIAL SERVICE ENTITY, AGENCY, OR AFFILIATION? <input type="checkbox"/> yes <input type="checkbox"/> no SECTION 8 HOUSING? <input type="checkbox"/> yes <input type="checkbox"/> no IF YES, # OF UNITS:		
Number of Units:	# Occupied:	Does Owner Reside on Premise? <input type="checkbox"/> yes <input type="checkbox"/> no
Mercantile/Commercial Occupancies? <input type="checkbox"/> yes <input type="checkbox"/> no		If Yes, is There Cooking? <input type="checkbox"/> yes <input type="checkbox"/> no
Occupancy Description:		Square Feet _____
Number of Buildings:	Annual Rental Income:	(Maintenance Fees if condo/coop)
Certificate of Insurance on file for mercantile? <input type="checkbox"/> yes <input type="checkbox"/> no		REQUIRED!
% of Building Occupied:		
Building Total Square Footage:		Year Built:
Any Vacant Buildings or Lots on Either Side of Your Building? <input type="checkbox"/> yes <input type="checkbox"/> no		
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Brick/Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Comb. <input type="checkbox"/> Fire-Resistive		
Is Roof Material Shake or Wood Shingle? <input type="checkbox"/> yes <input type="checkbox"/> no		
If Yes, Treated with Fire Retardant Material? <input type="checkbox"/> yes <input type="checkbox"/> no		
Basement Finished? <input type="checkbox"/> yes <input type="checkbox"/> no		
# of Stories above Basement Level:		
# of Elevators:		Elevator Maintained by:
Is Elevator Maintenance Certificate on File? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, provide a copy)		
Dead Bolts? <input type="checkbox"/> yes <input type="checkbox"/> no	Fire Extinguishers? <input type="checkbox"/> yes <input type="checkbox"/> no	Fire Escapes? <input type="checkbox"/> yes <input type="checkbox"/> no BX Elec. Wiring <input type="checkbox"/> yes <input type="checkbox"/> no
Intercoms? <input type="checkbox"/> yes <input type="checkbox"/> no	Emergency Lighting? <input type="checkbox"/> yes <input type="checkbox"/> no	Circuit Breakers? <input type="checkbox"/> yes <input type="checkbox"/> no Surveillance Camera(s) <input type="checkbox"/> yes <input type="checkbox"/> no
Smoke Detector in All Units? <input type="checkbox"/> yes <input type="checkbox"/> no		
Carbon Monoxide Detectors in All Units? <input type="checkbox"/> yes <input type="checkbox"/> no		
Hard Wired: <input type="checkbox"/> yes <input type="checkbox"/> no	Battery? <input type="checkbox"/> yes <input type="checkbox"/> no	
If Battery, is There a Battery Replacement Program? <input type="checkbox"/> yes <input type="checkbox"/> no		
Sprinklers? <input type="checkbox"/> yes <input type="checkbox"/> no		% of Building Sprinklered? (describe):
Central Station Alarm? <input type="checkbox"/> yes <input type="checkbox"/> no		Is sprinkler maintained? _____ Please provide certificate.
Burglar Alarm <input type="checkbox"/> yes <input type="checkbox"/> no		Central Station Alarm? <input type="checkbox"/> yes <input type="checkbox"/> no
Is There a Garage? <input type="checkbox"/> yes <input type="checkbox"/> no If Yes, Attached? <input type="checkbox"/> yes <input type="checkbox"/> no		Garage Square Footage:
Is It Used for Commercial Purposes? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, explain):		
Are Stairways Steel or Steel Reinforced? <input type="checkbox"/> yes <input type="checkbox"/> no		

Any Building Violations? yes no (if yes, please describe):

Any Uncorrected Type "B" or "C" Building Violations in the Prior Three (3) Years? yes No

How Many Units have Children Under the Age of Ten (10) Years Residing on Premises?

Do You Ask if Any Children Under Age Ten (10) Reside on Premises When a Lease is Signed? yes no

Do You Send an Annual Notice to All Tenants Asking if Any Children Under Age Ten (10) Reside on Premises? yes no

Are All Units with Children Under Age Ten (10) Visually Inspected at Lease Signing and Annually? yes no

Are These Units Equipped with Child Window Guards? yes no

Are There Any Dogs on the Premises? yes no Authorized on Lease? yes no

Are There Any Swimming Pools Including Wading Pools? yes no

If Yes, are There Any Slides? yes no Any Diving Boards? yes no

Any Armed Guards? yes no

RENOVATIONS:

Any Renovations Currently Under Way or Planned Within the Next Three (3) Years? yes no (if yes, please describe):

MUST BE REPORTED!

Indicate Year Next to Each Building Update:

Roof: Heating:

Windows: Electrical:

Plumbing: Other:

****If Systems are Over 20 Years Old, Please Answer the Following Five (5) Questions:**

1) Electrical Excellent Good Fair Needs Improvement

Fuses Circuit Breakers

2) Heating System Condition: Excellent Good Fair Needs Improvement

Central Heat: yes no Age of Furnace: Service Contract? yes no

Fireplaces? yes no If Yes, Have They Been Relined? yes no

3) Plumbing and Fixtures Condition: Excellent Good Fair Needs Improvement

Types of Pipes: Copper Galvanized Plastic Mixed

4) Roof Condition: Excellent Good Fair Needs Improvement

Year Replaced: Year Repaired: Year Fully/Properly Sealed:

Type: Flat Pitches Mixed

5) Window Condition: Excellent Good Fair Needs Improvement

Year Replaced: Year Repaired:

PROPERTY SECTION (REQUESTED COVERAGE):

Building Coverage:

Co-Insurance
80% 90% AA

Building Valuation:

ACV Replacement Cost

Causes of Loss:

Basic Special

Deductible:

1,000 2,500 5,000 10,000

Named Storm Deductible

2% 3% 5% 10% (\$10,000 minimum)

Building \$ _____

Business Personal Property \$ _____

BPP Theft Deductible \$ _____

Loss Of Rents* \$ _____

Household Personal Property \$ _____

Additional Living Expense \$ _____

Inland Marine \$ _____

(*Actual Rent Roll is required) – Extra Expense yes no

Mysterious Disappearance yes no

Jewelry Furs Fine Arts Silver Musical Instruments Cameras Bicycles

Additional Coverages: Crime(Fidelity/Employee Dishonesty) \$ (\$5,000 to \$500,000 Limit)

Building Ordinance (Increased Cost of Construction & Demolition)

Back-Up Sewers & Drains

Earthquake \$250,000 \$500,000 \$1,000,000 \$2,500,000 \$5,000,000

2% Minimum Deductible Applies

Flood \$250,000 \$500,000 \$1,000,000 \$2,500,000 \$5,000,000

Outdoor Property Enhancement (\$50,000)

LIABILITY SECTION (REQUESTED COVERAGE):

Personal Liability: \$500,000 \$1,000,000 \$2,000,000 (Owner Occupied Dwellings Only)

Commercial General Liability: \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
 \$2,000,000/\$2,000,000 \$2,000,000/\$4,000,000

Basic Coverage Broad Coverage Personal Injury Lead Liability

Additional Coverages: Water Damage Legal Liability \$ (\$25,000 to \$1,000,000 Limit)

Per Location Aggregate Limit

Non-Owned & Hired Auto Liability* \$ (\$1,000,000 Limit)

Excess Liability† yes no Contact Underwriter for Options

* Only Available if No Owned Autos †WDLL must be \$1,000,000

Directors & Officers Liability \$1,000,000

** If Directors & Officers Liability is Included the D&O Supplemental Applications Needs to be Completed**

ADDITIONAL INTERESTS:

Mortgagee Names and Address:

Bill Bank for Financed Premium? yes no

Loan#:

PRIOR CARRIER INFORMATION:

Carrier: Policy #: Expiration Date:

Limits: Annual Premium:

Has Any Policy or Coverage Cancelled or Been Non-renewed During the Past 3 Years?
 (if so, please describe):

Loss History – Enter all claims for the Prior 3 Years or Check Here if None

Has There Ever Been a Lead or Mold Claim(s) or Complaint? yes no (if yes, describe below)

Check Here if Currently with Brownstone (if so, loss records will be on file with agency)

Date of Occurrence	Type/Description of Occurrence of Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY: substantial) Civil Penalties. *Not applicable in CO, HI, NE, OH, OK, OR, ME and VA. Insurance benefits may also be denied).

Print Name of Applicant _____

Signature of Applicant _____ Date _____

IF APPLICABLE

Print Name of Agent/Broker _____

Signature of Agent/Broker _____

License # _____ Date _____

Address _____

Phone _____ Fax _____ E-mail _____

Policy Delivery (choose one):

Electronic (by e-mail):
 Paper (by mail):

Policy Delivery E-mail (Required if "Electronic" option is chosen)