



# APPLICATION FOR COMMERCIAL INSURANCE NEW YORK PROPERTY INSURANCE UNDERWRITING ASSOCIATION

SEND THIS APPLICATION TO:

**NEW YORK PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
100 WILLIAM STREET, NEW YORK, NY 10038**

**THIS APPLICATION MUST BE ACCOMPANIED BY A DEPOSIT AS  
DETAILED IN THE DEPOSIT SCHEDULE ON THE INSTRUCTION SHEET**

EFFECTIVE DATE

### 1. APPLICANT INFORMATION

### 2. PRODUCER INFORMATION

NAME OF APPLICANT AS IT SHOULD APPEAR ON POLICY			NAME		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
SOCIAL SECURITY # - LAST 4 DIGITS		HOME TELEPHONE #	NEW YORK STATE LICENSE #		
WORK TELEPHONE #		FAX #	TELEPHONE #		
NAME OF PERSON INSPECTOR CAN CONTACT		DAYTIME TELEPHONE #	FAX #		
			<input type="checkbox"/> AGENT <input type="checkbox"/> BROKER		

### 3. MORTGAGEE INFORMATION

FIRST MORTGAGEE NAME & ADDRESS	LOAN #:	SECOND MORTGAGEE NAME & ADDRESS	LOAN #:

### 4. LOCATION OF PROPERTY TO BE INSURED

### 5. BUILDING CONSTRUCTION

NUMBER	STREET	PROTECTION CLASS	FIRE DISTRICT	<input type="checkbox"/> BRICK	SPRINKLERED?	PART OF FRAME ROW?	YEAR BUILT
				<input type="checkbox"/> FRAME	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
				<input type="checkbox"/> FIRE RES	<input type="checkbox"/> NO	<input type="checkbox"/> NO	
CITY	NY	ZIP		AUTO FIRE DETECTION SYSTEM			
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, ATTACH COPY OF CERTIFICATE	
				<input type="checkbox"/> WATCHMAN SERVICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

### 6. OCCUPANCY

BUILDING OCCUPIED AS:	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> APT MERC	# APTS	# SINGLE ROOM UNITS	# COMMERCIAL UNITS	LIST OCCUPANCY BY FLOOR					
	<input type="checkbox"/> ROOMING HOUSE	<input type="checkbox"/> MERCANTILE				BASEMENT	1ST	2ND	3RD	4TH	UPPER FLRS
PROPERTY IS:	<input type="checkbox"/> FULLY OCCUPIED	<input type="checkbox"/> VACANT/UNOCCUPIED	IF PARTIALLY VACANT/UNOCCUPIED, % OF VACANCY			IDENTIFY VACANT AREAS		SEASONAL		MONTHS USED: FROM TO	
	<input type="checkbox"/> PARTIALLY VACANT/UNOCCUPIED							<input type="checkbox"/> YES	<input type="checkbox"/> NO		
IS THE BUILDING UNDERGOING REPAIR OR RECONSTRUCTION? (SEE UA-484 FOR SECURITY REQUIREMENTS)			NEW CONSTRUCTION/BUILDERS' RISK?			IF YES, GIVE DATES					
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			STARTING DATE		COMPLETION DATE			

**AN APPLICATION SUPPLEMENT (UA-484 FORM) MUST BE SUBMITTED IF THE BUILDING IS VACANT, PARTIALLY VACANT, OR UNDER REPAIR/RECONSTRUCTION. ALSO, EXTERIOR PHOTOS OF ALL SIDES OF THE BUILDING MUST BE PROVIDED FOR BUILDINGS THAT ARE VACANT, UNDER REPAIR/RECONSTRUCTION, AND UNDER CONSTRUCTION (BUILDERS' RISK).**

### 7. VALUATION

THIS INFORMATION HELPS TO EXPLAIN THE AMOUNT OF INSURANCE SELECTED AT THE TIME OF APPLICATION BUT DOES NOT DETERMINE THE VALUE AT THE TIME OF LOSS.

DATE OF PURCHASE	PURCHASE PRICE	COST OF IMPROVEMENTS	ESTIMATED FAIR MARKET VALUE	ESTIMATED REPLACEMENT COST	ANNUAL RENTAL INCOME (IF APPLICABLE)
CHECK THE VALUATION METHOD USED TO ESTABLISH THE AMOUNT OF INSURANCE					WHO DETERMINED THE VALUE?
<input type="checkbox"/> REPLACEMENT COST <input type="checkbox"/> FULL MARKET VALUE EXCLUSIVE OF LAND <input type="checkbox"/> REPLACEMENT COST LESS PHYSICAL DEPRECIATION <input type="checkbox"/> OTHER:					

### 8. COVERAGE INFORMATION

INSURANCE APPLIED FOR: FILL IN APPROPRIATE BOXES. DEPOSIT ENCLOSED \$ \_\_\_\_\_ EFFECTIVE BINDING DATE REQUESTED \_\_\_\_\_  
 NOTE: THE PAYMENT ACCEPTED WITH THIS APPLICATION IS FOR DEPOSIT PURPOSES ONLY. ACCEPTANCE OF A DEPOSIT IS NOT AN AGREEMENT TO INSURE. IF COVERAGE IS DECLINED, THE DEPOSIT WILL BE RETURNED. TO DETERMINE THE REQUIRED DEPOSIT SEE INSTRUCTIONS.

	FIRE AMT	CO-INS	EC *	VMM**	SL	DEDUCTIBLE \$ _____	OTHER THAN STD)			
BUILDING	\$	%				<small>*WIND, HAIL, SMOKE, AIRCRAFT, VEHICLES, RIOT, CIVIL COMMOTION ** NOT AVAILABLE ON VACANT OR UNOCCUPIED PROPERTIES</small>				
CONTENTS**	\$	%				<b>CIRCLE DESIRED OPTION    TIME ELEMENT AVAILABLE ONLY WHEN APPLYING FOR BUILDING AND/OR CONTENTS COVERAGE.</b>				
BUSINESS INCOME **	FIRE AMT	CO-INS	EC *	VMM**	SL	Monthly Limitation	Payroll Excluded	Payroll Limit		
RENTAL VALUE	\$	%				1/3    1/4    1/6	N/A	N/A	N/A	
MERC & NON-MFG	\$	%				1/3    1/4    1/6		90	180	
MFG	\$	%				1/3    1/4    1/6		90	180	
EXT. EXPENSE**	\$	N/A				<b>LIMITS ON LOSS PAYMENT</b>		35 - 70 - 100%	40 - 80 - 100%	100 - 100 - 100%
OTHER	\$	%								

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**9. RATING INFORMATION**

DESCRIBE CONTENTS (IF REQUESTING CONTENTS COVERAGE)					
<b>AREA AND USE</b>	TOTAL FLOOR AREA:	15,000 SQ. FT OR LESS	OVER 15,000 SQ. FT		
	TYPE OF OCCUPANCY:	ROOMING HOUSE	APARTMENT	MERCANTILE	OTHER
	INDICATE SQ. FT. AREA FOR OCC. (IDENTIFY EACH MERC AND EACH "OTHER" OCCUPANCY)				

**10. LOSS INFORMATION**

LIST BY LOCATION ALL INSURED AND UNINSURED FIRE, EC, AND V&MM LOSSES IN THE LAST FIVE YEARS ON ANY PROPERTY IN WHICH THE APPLICANT HAS OR HAD A FINANCIAL INTEREST.

CAUSE	DATE	AMOUNT	INSURANCE COMPANY	LOCATION

IS THERE UNREPAIRED DAMAGE AT ANY LOCATION TO BE INSURED?    YES    NO    IF YES, DESCRIBE UNDER REMARKS.

**11. GENERAL INFORMATION**

UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" RESPONSES IN REMARKS			UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" RESPONSES IN REMARKS		
	YES	NO		YES	NO
A. DID APPLICANT EVER HAVE COVERAGE WITH ASSOCIATION ON THIS PROPERTY? (IF YES, GIVE POLICY # AND EXPIRATION DATE.)			I. ARE THERE ANY OUTSTANDING RECORDED VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING, OR CONSTRUCTION CODES AT THIS LOCATION? (IF YES, DESCRIBE AND GIVE DATES OF VIOLATIONS.)		
B. DID THE APPLICANT EVER HAVE COVERAGE ON THIS PROPERTY WITH ANOTHER COMPANY? (IF YES, GIVE COMPANY, POLICY #, EXPIRATION DATE, AND REASON FOR TERMINATION.)			J. HAS ANYONE WITH A FINANCIAL INTEREST IN THIS PROPERTY BEEN CONVICTED OF ARSON, FRAUD OR OTHER CRIME RELATED TO LOSS ON PROPERTY DURING THE LAST FIVE (5) YEARS? (IF YES, GIVE CONVICTION DATE AND NAME OF PERSON.)		
C. IS APPLICANT AN INDIVIDUAL OWNER OR SOLE PROPRIETORSHIP? (IF NO, LIST ALL PRINCIPALS.)			K. ARE THE REAL ESTATE TAXES OVERDUE BY ONE YEAR OR MORE? (IF YES, ATTACH COPY OF IN REM AGREEMENT WITH CITY, IF ANY.)		
D. DID APPLICANT PURCHASE BUILDING LESS THAN 3 YEARS AGO?			L. IS THE WATER, SEWAGE, ELECTRICITY, OR HEAT OUT OF SERVICE? (IF YES, EXPLAIN LACK OF SERVICES.)		
E. ARE ANY MORTGAGE PAYMENTS OVERDUE? (IF YES, LIST THE DATE OF LAST PAYMENT AND THE # OF PAYMENTS IN ARREARS.)			M. IS THERE A GOVERNMENTAL ORDER TO VACATE OR DESTROY THE BUILDING OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE? (IF YES, ATTACH GOVERNMENT ORDERS AND GIVE DATE AND REASON.)		
F. IS BUILDING FOR SALE?					
G. IS PROPERTY IN FORECLOSURE?					
H. ANY BUSINESS CONDUCTED ON PREMISES?					

**12. REMARKS (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)**

**13. PRODUCER'S STATEMENT/SIGNATURE**

I HEREBY CERTIFY THAT I AM A LICENSED AGENT/BROKER OF NEW YORK STATE. IN THE EVENT COVERAGE IS EFFECTIVE AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED OR A CHANGE IS MADE RESULTING IN A RETURN PREMIUM DUE, I AGREE TO RETURN MY PROPORTIONATE SHARE OF COMMISSION ON SUCH PREMIUM.

SIGNATURE OF PRODUCER \_\_\_\_\_

**14. APPLICANT'S STATEMENT/SIGNATURE**

**CERTIFICATION OF APPLICANT FOR INSURANCE**

THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT AN INSPECTION MAY BE MADE OF THIS PROPERTY. I (WE) UNDERSTAND THAT THIS REQUEST IN NO WAY BINDS ANY COMPANY TO AFFORD INSURANCE ON THE DESCRIBED PROPERTY. INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF THE INSPECTION(S) IS FOR INSURANCE UNDERWRITING PURPOSES. REGARDLESS OF WHETHER A POLICY IS ISSUED, NEITHER THE INSURER, THE NEW YORK PROPERTY INSURANCE UNDERWRITING ASSOCIATION, THE INSURANCE SERVICES OFFICE, NOR ANY COMPANY REPRESENTED THEREBY, WILL BE LIABLE FOR ANY INJURY OR DAMAGE CLAIMED TO ARISE FROM THE INSPECTION(S), THE INSPECTION REPORT(S) OF THE PHYSICAL CONDITION OF THE PREMISES, OMISSIONS FROM SUCH INSPECTION(S) OR REPORT(S), OR FROM COMPLIANCE OR NON-COMPLIANCE BY THE PROPERTY OWNER OR OTHERS WITH THE RECOMMENDATIONS, IF ANY, CONTAINED IN SAID INSPECTION REPORT(S). NOTHING CONTAINED IN OR OMITTED FROM SAID INSPECTION REPORT(S) SHALL BE CONSTRUED TO INFER OR IMPLY THAT THE HAZARDOUS PHYSICAL CONDITIONS, IF ANY, SO NOTED OR OMITTED, CONSTITUTE ALL SUCH CONDITIONS EXISTING ON THE PROPERTY AT THE TIME OF SAID INSPECTION(S). PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORT(S) TO THE NEW YORK INSURANCE DEPARTMENT, THE NEW YORK PROPERTY INSURANCE UNDERWRITING ASSOCIATION, INSURANCE SERVICES OFFICE, INSURERS AND MY (OUR) AGENT(S) OR REPRESENTATIVE(S).

BY SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THE PROPERTY, THAT I (WE) OR MY (OUR) INSURANCE REPRESENTATIVE HAVE MADE A DILIGENT EFFORT IN THE NORMAL INSURANCE MARKET TO OBTAIN THIS INSURANCE, AND THAT ALL STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY (OUR) KNOWLEDGE, TRUE.

**CAUTION: POLICY CONDITIONS REQUIRE THAT BOOKS AND RECORDS BE KEPT BY THE INSURED FOR ALL COVERAGES, PARTICULARLY WITH RESPECT TO TIME ELEMENT COVERAGES.**

**IMPORTANT**

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS STATED ABOVE.

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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THE PROPOSED INSURED AFFIRMS THAT THE FOREGOING INFORMATION IS TRUE AND AGREES THAT THESE APPLICATIONS SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

I FURTHER UNDERSTAND AND AGREE THAT ONLY UPON RECEIPT OF A PROPERLY COMPLETED APPLICATION ACCOMPANIED BY THE APPROPRIATE DEPOSIT, AND ONLY AFTER APPROVAL BY THE ASSOCIATION WILL THIS APPLICATION BE CONSIDERED BINDING.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_