



**NEW YORK PROPERTY INSURANCE UNDERWRITING ASSOCIATION
INSTRUCTIONS FOR COMPLETING APPLICATION FOR COMMERCIAL INSURANCE**

**READ INSTRUCTIONS BEFORE COMPLETING.
USE THIS APPLICATION FOR COMMERCIAL BUILDINGS OR COMMERCIAL CONTENTS.
(DO NOT USE THIS FORM WHEN APPLYING FOR COVERAGE ON DWELLINGS OR HOUSEHOLD FURNISHINGS.
USE DWELLING APPLICATION ACORD 62 NY.)**

INCOMPLETE OR UNCLEAR APPLICATIONS WILL NOT BE ACCEPTED.

If you have any questions, contact the Association at (212) 208-9700 or toll free at (800) 522-3372.

USE BALLPOINT PEN, TYPEWRITER OR PRINTER TO COMPLETE APPLICATION.

NYPIUA OFFERS THE FOLLOWING COVERAGES:

- ~ Fire Insurance, Lightning and Explosion
- ~ Extended Coverage - Windstorm, Hail, Riot, Riot attending a strike, Civil Commotion, Damage due to aircraft, Damage due to vehicles, and Smoke
- ~ Vandalism & Malicious Mischief (Not available for vacant or unoccupied buildings.)
- ~ Sprinkler Leakage
- ~ Time Element: Business Income for manufacturing, non-manufacturing and rental properties; Extra Expense; Leasehold Interest; and Tuition Fees.

REMEMBER:

- ~ BOTH Producer and Insured must sign the application.
- ~ Include proper deposit.
- ~ Answer all questions completely.
- ~ Give complete description of property and address.

DEPOSIT SCHEDULE:

This application must be accompanied by a deposit premium of \$150.00 for each \$50,000 of coverage or any fraction thereof.
No additional deposit is required if Extended Coverage, Vandalism & Malicious Mischief, Time Element, or Sprinkler Leakage are requested.

Calculate deposits separately for building and contents.

(THE PREMIUM 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.)

BINDING DATES:

- ~ 12:01 AM standard time, on the day after receipt, unless later date is specified.
- ~ 12:01 AM standard time, 17 days after receipt on vacant or unoccupied buildings.
- ~ 12:01 AM standard time, 17 days after receipt on risks previously cancelled by the Association.
- ~ 12:01 AM standard time, the day after certified mail date.

VACANT OR UNOCCUPIED BUILDINGS ARE INSURABLE IF:

- ~ Property is secured against unauthorized entry. (See part B of UA-484.)
- ~ Repair or reconstruction will commence within 60 days and building is maintained secured. (See part C of UA-484.)

UA-484 FORM MUST ACCOMPANY APPLICATION - PHOTOGRAPHS OF ALL SIDES OF THE BUILDING MUST BE ATTACHED TO THIS FORM.

BUILDINGS UNDER REPAIR OR RECONSTRUCTION (RENOVATION):

Buildings under repair or reconstruction are insurable if kept secured when workers are not present. (See part C of UA-484.)

UA-484 FORM MUST ACCOMPANY APPLICATION - PHOTOGRAPHS OF ALL SIDES OF THE BUILDING MUST BE ATTACHED TO THIS FORM.

BUILDINGS UNDER CONSTRUCTION - NEW CONSTRUCTION (BUILDERS' RISK):

PHOTOGRAPHS MUST BE ATTACHED TO THIS APPLICATION TO SHOW THE STATUS AT THE TIME OF APPLICATION.

NOTICE:

If Association coverage has been replaced, notify us in writing immediately. Submit proof that replacement coverage has been obtained (for example: copy of binder). Association coverage will be cancelled on the effective date of the replacement policy if notification is received within 45 days of replacement; otherwise coverage will be cancelled effective on the receipt date.

INSTRUCTIONS FOR COMPLETING APPLICATION FOR COMMERCIAL INSURANCE

1. APPLICANT INFORMATION

Provide complete information including any "in care of" reference. If there are multiple applicants, attach additional sheets, as necessary. The applicant identified in this section will be designated the first named insured for the purpose of mailing. Supply addresses for all applicants. Provide the last four digits of the first named applicant's social security number. Give telephone numbers as requested. Provide the name and daytime telephone number of an individual who can provide access to the building for inspection.

2. PRODUCER INFORMATION

Indicate the name as it should appear on the policy. If the producer is part of an agency, include the agency name. Sign the application in the space provided on page two.

3. MORTGAGEE INFORMATION

Give complete mortgagee information that the lender requires on the policy. Provide loan numbers if available. Also, indicate whether chattel mortgagee (contents), real property mortgagee, or loss payee. If there are additional mortgagees, attach additional sheets, as necessary.

4. LOCATION OF PROPERTY TO BE INSURED

Provide the complete location of property as it should appear on the policy. Separate applications are required for each location, unless buildings share the same address. These may be buildings designated as "front" and "rear", or multiple structures at one site, such as a camp. Use an additional sheet to give the address, description, and amount of insurance for each building.

5. BUILDING CONSTRUCTION

Check the appropriate construction and indicate whether the building has a sprinkler system. If the building is of frame construction, indicate whether it is part of a row of attached frame buildings. Attach certificate from fire alarm and/or watchman service.

6. OCCUPANCY

Check box for description of property. If description is not given, check "other" and identify the type of building. Give number of apartments, single room units, and commercial units in building. Describe the occupancy of each floor. Attach additional sheets, if necessary.

Complete all of the information requested.

Note: If the building is vacant, partially vacant, or under repair or reconstruction, application supplement UA-484 must be submitted. Photographs of all sides of the building are required. Attach photographs to the application supplement.

Attach photographs of buildings under construction (Builders' Risk) to application for commercial insurance.

7. VALUATION

Answer each question and attach a copy of appraisal, if available.

8. COVERAGE INFORMATION

Show the amount of deposit enclosed with the application. Indicate the effective date requested. (See Outline of Procedures for binding rules.) Enter deductible amount, if different from the standard deductible as indicated in the ISO Commercial Lines Manual. Show the type of coverage requested (Fire, Extended Coverage, Vandalism & Malicious Mischief, and Sprinkler Leakage).

If Time Element coverage is selected, circle options requested. (See ISO Commercial Lines Manual.)

9. RATING INFORMATION

If application is for contents coverage, describe the contents to be insured. (Example: contents of a grocery store, or contents usual to an automobile repair shop.)

In order to properly rate the building, check the box for the total floor area of the building. Check occupancy and give area of each. Identify "other" occupancies. Attach additional sheets, if necessary.

10. LOSS INFORMATION

Complete all information.

11. GENERAL INFORMATION

Answer each question. Use remark section 12 to supplement or clarify information provided on the application form. Include additional sheets, if necessary.

12. REMARKS

Use this space to provide information required in Section 11.

13. PRODUCER STATEMENT AND SIGNATURE

Unsigned applications submitted by a producer will be returned.

14. APPLICANT'S STATEMENT AND SIGNATURE

The applicant should read the certification and sign and date the application. Unsigned or incomplete applications will be returned.