

**APPLICATION FOR COMMERCIAL PROPERTY INSURANCE  
NEW YORK PROPERTY INSURANCE UNDERWRITING ASSOCIATION (NYPIUA)**

Please refer to the **APPLICATION INSTRUCTIONS** for additional details to fill out this form.  
THIS APPLICATION MUST BE ACCOMPANIED BY A DEPOSIT AS DETAILED IN THE BILLING SECTION.

📄 **APPLY ONLINE** at [www.nypiua.com](http://www.nypiua.com), select Applying for Insurance, select Application and select Automatic Submission.

**Questions denoted by (\*) are mandatory. Refer to the Application Instructions for more details on items marked with a number (1).**

Reference #: \_\_\_\_\_ Effective Date Requested\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. PRODUCER INFORMATION (If applicable)**

*If this is your first submission to NYPIUA, attach a completed Producer Registration Form located at [www.nypiua.com](http://www.nypiua.com). (1)*

NYPIUA Producer Number\*: \_\_\_\_\_ Producer Name\*: \_\_\_\_\_  
Address Line 1\*: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Producer contact information for this application\*:

Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**2. APPLICANT INFORMATION**

**Named Insured (1)**

Entity Type (2)

Individual  
First Name\*: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Suffix: \_\_\_\_\_  
DOB\* \_\_/\_\_/\_\_\_\_  
 Entity  
Full Business Name\*: \_\_\_\_\_ DBA (3): \_\_\_\_\_

Contact Details

Phone # (\_\_\_\_)  Cell  Home  Work  Fax  
Phone # (\_\_\_\_)  Cell  Home  Work  Fax  
Phone # (\_\_\_\_)  Cell  Home  Work  Fax  
Email (4) (5): \_\_\_\_\_

Mailing Address (6)

Care Of: \_\_\_\_\_  
Address Line 1\*: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Zip Extension: \_\_\_\_\_  
Country: \_\_\_\_\_

**Additional Named Insured**

Entity Type

Individual  
First Name\*: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Suffix: \_\_\_\_\_  
DOB\* \_\_/\_\_/\_\_\_\_  
 Entity  
Full Business Name\*: \_\_\_\_\_ DBA: \_\_\_\_\_

Contact Details

Phone # (\_\_\_\_)  Cell  Home  Work  Fax  
Email: \_\_\_\_\_

Mailing Address  Same as First Named Insured

Care Of: \_\_\_\_\_  
Address Line 1\*: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Zip Extension: \_\_\_\_\_  
Country: \_\_\_\_\_

**Additional Named Insured**

Entity Type

Individual

First Name\*: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Suffix: \_\_\_\_\_

DOB\* \_\_/\_\_/----

Entity

Full Business Name\*: \_\_\_\_\_ DBA: \_\_\_\_\_

Contact Details

Phone # (\_\_\_\_) \_\_\_\_\_  Cell  Home  Work  Fax

Email: \_\_\_\_\_

Mailing Address  Same as First Named Insured

Care Of: \_\_\_\_\_

Address Line 1\*: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Zip Extension: \_\_\_\_\_

Country: \_\_\_\_\_

**3. INSPECTION CONTACT INFORMATION**

Same as Named Insured  Other (Specify Relationship) \_\_\_\_\_

Name of Contact Person for Inspection\* ①: \_\_\_\_\_ Contact Person Phone #: (\_\_\_\_) \_\_\_\_\_

**If application is for more than 1 location or building, complete Supplemental Application for Additional Locations/Buildings**

**4. PROPERTY INFORMATION**

**Location #1** Location Name:\* ①: \_\_\_\_\_

Same as mailing address

Address Line 1\*: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Zip Extension: \_\_\_\_\_

**Building #1**

**Building Description**\* ②: \_\_\_\_\_

Building Occupancy\* (check all that apply) ③:

- |  |  |
|--|--|
| <input type="checkbox"/> Apartments  | <input type="checkbox"/> Mercantile (Trade or Commerce) with Home Furnishings    |
| <input type="checkbox"/> Rooming House   | <input type="checkbox"/> Mercantile (Trade or Commerce) without Home Furnishings |
| <input type="checkbox"/> Office Buildings  | <input type="checkbox"/> Gasoline Service Stations                               |
| <input type="checkbox"/> Motor Vehicle Repair  | <input type="checkbox"/> Academic Schools  |
| <input type="checkbox"/> Church/House of Worship   | <input type="checkbox"/> Condominium (Association Risk Only)                     |
| <input type="checkbox"/> Improvements and Betterments  | <input type="checkbox"/> Other (Describe): _____                                 |
| <input type="checkbox"/> 100% Vacant <sup>1</sup> ( <input type="checkbox"/> Previous or <input type="checkbox"/> Intended Occupancy) (Must indicate prior or intended occupancy by checking one of the boxes above) |  |

<sup>1</sup>Must complete and submit the Application Supplement for Vacant, Partially Vacant and Buildings under Repair or Reconstruction (NY AL 00 29)

Number of Apartment/Dwelling Units\*:  None  1-4  5-8  9-10  11-30  More than 30

For Multiple Occupancy Buildings, indicate occupancy type (e.g., deli, flooring store, apartments) and % of occupancy for each ③:

Occupancy\*: \_\_\_\_\_ Percentage of Occupancy\*: \_\_\_\_\_ %

(If additional occupancy, include in remarks)

a. Is this a rental property?\*  Yes  No

b. Are you applying for contents coverage for a family owned and operated retail store?  Yes  No

c. Is this a not for profit or charitable organization?  Yes  No

d. Does building have an automatic sprinkler system?\*  Yes  No

e. Total Square Footage of Building\*: \_\_\_\_\_ Residential Square Footage\*: \_\_\_\_\_ Commercial Square Footage\*: \_\_\_\_\_

**4. PROPERTY INFORMATION**

- f. Construction\*<sup>4</sup>:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  Modified Fire Resistive Fire Resistive
- g. Protection Class (if known): \_\_\_\_\_
- h. Distance to Fire Station\*:  Within 5 miles  Greater than 5 miles
- i. Water Supply/Distance to Fire Hydrant\*:  Within 1000 feet  Greater than 1000 feet
- j. Responding Fire Station Name\*: \_\_\_\_\_ Fire District Name\*: \_\_\_\_\_
- k. Distance to Coast\*:  0-500'  501-1000'  1001-1500'  1501-2000'  2001-2500'  2501'-1 mile  1-2 miles  More than 2 miles
- l. Is spray painting done on premises?\*  Yes  No
- m. Is commercial cooking done on premises?\*  Yes  No
- n. Is the building used for storage of agricultural products and processing?\*:  Yes  No
- o. Is manufacturing done on premises?\*:  Yes  No
- p. # of Stories\*<sup>5</sup>: \_\_\_\_\_
- q. Year Built\*: \_\_\_\_\_
- r. Is any part of the property vacant?<sup>2\*</sup>  No  Yes - If yes, % of Vacancy:  1-70%  71-99%  100% (Explain any vacancy in Remarks)
- s. Is the property undergoing renovation/reconstruction?<sup>2\*</sup>  Yes (Explain in Remarks)  No
- t. Deductible\*:  \$250  \$500  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  \$50,000  \$75,000
- u. Higher Windstorm Deductible\*:  None  1%  2%  5%
- v. Does the building have protective device(s)? <sup>6\*</sup>  Automatic Sprinkler System  Automatic Fire Alarm  Security Service with Recording System or Watch Clock  Service Contract with a privately owned fire department  Automatic Commercial Cooking Exhaust/Extinguishing System  Other  None
- w. Is the property seasonal?\*  Yes  No Used From: \_\_\_\_\_ To: \_\_\_\_\_

<sup>2</sup> If yes, must complete and submit the Application Supplement for Vacant, Partially Vacant and Buildings under Repair or Reconstruction (NY AL 00 29)

**5. CAUSE(S) OF LOSS<sup>1</sup>**

- Group I Causes Of Loss** (Fire, Lightning, Explosion, Vandalism, Sprinkler Leakage)
- Exclude Vandalism and Malicious Mischief
- Exclude Sprinkler Leakage
- Group II Causes Of Loss** (Windstorm or Hail, Smoke, Aircraft or Vehicles, Riot or Civil Commotion)
- Include Certified Acts of Terrorism (All Causes of Loss)<sup>1</sup>
- <sup>1</sup>Terrorism Coverage is mandatory in the state of New York for the Fire cause of loss and is automatically included.

**6. COVERAGE REQUESTED**

Coverage	Amount of Insurance	Coverage Options/Selections
<b>Building Coverage</b> (If multiple buildings at one location, a building description must be provided for each building)		
<input type="checkbox"/> Building <sup>2</sup> Building Description*:	\$	<sup>1</sup> Coinsurance*: _____%
<input type="checkbox"/> Leasehold Interest Coverage <sup>3</sup>	\$	Leasehold Interest Factor of 5% to 15%: _____ <input type="checkbox"/> Tenants Lease Interest <input type="checkbox"/> Bonus Payments <input type="checkbox"/> Improvements and Betterments <input type="checkbox"/> Prepaid Rent
<input type="checkbox"/> Tenant's Improvements and Betterments <sup>4</sup>	\$	Coinsurance*: _____%
<b>Business Personal Property/Household Furnishings</b>		
<input type="checkbox"/> Business Personal Property Coverage <sup>5</sup>	\$	Coinsurance*: _____%
<input type="checkbox"/> Personal Property of Others Coverage <sup>6</sup>	\$	Coinsurance*: _____%
<input type="checkbox"/> Condominium Commercial Unit-Owners Coverage <sup>7</sup>	\$	Coinsurance*: _____%
<input type="checkbox"/> Condominium Association Coverage <sup>8</sup>	\$	Coinsurance*: _____%
<input type="checkbox"/> Household Personal Property Coverage <sup>9</sup>	\$	Coinsurance*: _____%

<input type="checkbox"/> Other _____ ⑩	\$	Coinsurance*: _____%
<b>Business Income/Time Element Coverage (See Section 7 for additional coverage options) ①</b>		
<input type="checkbox"/> Manufacturing & Mercantile _____ % Manufacturing _____ % Mercantile	\$	Coinsurance: _____% <b>or</b> Monthly Limitation: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
<input type="checkbox"/> Manufacturing & Rental _____ % Manufacturing _____ % Rental	\$	Coinsurance: _____% <b>or</b> Monthly Limitation: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
<input type="checkbox"/> Mercantile & Rental _____ % Mercantile _____ % Rental	\$	Coinsurance: _____% <b>or</b> Monthly Limitation: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
<input type="checkbox"/> Manufacturing	\$	Coinsurance: _____% <b>or</b> Monthly Limitation: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
<input type="checkbox"/> Mercantile & Non-Manufacturing	\$	Coinsurance: _____% <b>or</b> Monthly Limitation: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
<input type="checkbox"/> Rental Value	\$	Coinsurance: _____% <b>or</b> Monthly Limitation: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
<input type="checkbox"/> Extra Expense ②	\$	Limits on Loss Payment: <input type="checkbox"/> 35-70-100% <input type="checkbox"/> 40-80-100% <input type="checkbox"/> 100-100-100%

<b>7. ADDITIONAL COVERAGE OPTIONS</b>
<b>LOCATION #1 - BUILDING #1 (Use supplemental application for additional locations/buildings)</b>
<b>Building Coverages ①:</b>
<input type="checkbox"/> Debris Removal Additional Insurance – Amount of Insurance (above \$25,000): \$ _____
<input type="checkbox"/> Pollutant Cleanup and Removal: Amount of Insurance (above \$10,000): \$ _____
<input type="checkbox"/> Ordinance or Law:
<input type="checkbox"/> Building <input type="checkbox"/> Tenant’s Improvements And Betterments <input type="checkbox"/> Loss to the Undamaged Portion of the Building
<input type="checkbox"/> Demolition Cost Coverage <input type="checkbox"/> Increased Cost of Construction <input type="checkbox"/> Increased Period of Restoration
<b>Condominium Unit-Owners Optional Coverages ②:</b>
<input type="checkbox"/> Loss Assessment Coverage: Amount of Insurance: \$ _____
<input type="checkbox"/> Miscellaneous Real Property: Unit # _____ Amount of Insurance: \$ _____
<b>Business Income/Time Element Coverage Options ③:</b>
<input type="checkbox"/> Extended Period of Indemnity: <input type="checkbox"/> 90 days <input type="checkbox"/> 120 days <input type="checkbox"/> 150 days <input type="checkbox"/> 180 days <input type="checkbox"/> 270 days
<input type="checkbox"/> Maximum Period of Indemnity (suspends co-insurance and has maximum period of indemnity of 4 months)
<input type="checkbox"/> Payroll Expense Exclusion
<input type="checkbox"/> Payroll Expense Limitation: <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days

<b>8. OTHER COVERAGES ①</b>
Please list any other requested coverage(s) not listed in Section 6 or 7 above. Include desired limit(s) of insurance and co-insurance amount.
_____
_____
_____
_____

<b>9. ADDITIONAL INTERESTS</b>
1 Type* ①: <input type="checkbox"/> 1 <sup>st</sup> Mortgagee <input type="checkbox"/> 2 <sup>nd</sup> Mortgagee <input type="checkbox"/> 3 <sup>rd</sup> Mortgagee <input type="checkbox"/> Lienholder <input type="checkbox"/> Loss Payable & Building Owner Loss Payable <input type="checkbox"/> Lender’s Loss Payable <input type="checkbox"/> Contract Of Sale <input type="checkbox"/> Additional Insured Building Owner
Loan/Contract Number* ②: _____

**9. ADDITIONAL INTERESTS**

Name\*: \_\_\_\_\_  
Address Line 1\*: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Zip Extension: \_\_\_\_\_

2

Type\*:  1<sup>st</sup> Mortgagee  2<sup>nd</sup> Mortgagee  3<sup>rd</sup> Mortgagee  Lienholder  Loss Payable & Building Owner Loss Payable  
 Lender's Loss Payable  Contract Of Sale  Additional Insured Building Owner  
Loan/Contract Number\*: \_\_\_\_\_

Name\*: \_\_\_\_\_  
Address Line 1\*: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Zip Extension: \_\_\_\_\_

3

Type\*:  1<sup>st</sup> Mortgagee  2<sup>nd</sup> Mortgagee  3<sup>rd</sup> Mortgagee  Lienholder  Loss Payable & Building Owner Loss Payable  
 Lender's Loss Payable  Contract Of Sale  Additional Insured Building Owner  
Loan/Contract Number\*: \_\_\_\_\_

Name\*: \_\_\_\_\_  
Address Line 1\*: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Zip Extension: \_\_\_\_\_

NOTE: List any additional interests in Remarks section.

**10. GENERAL INFORMATION 1**

Unless otherwise indicated, explain all "Yes" responses in Remarks section. If not applying for **building coverage**, complete only question O.

- A. Date building was purchased\* \_\_\_/\_\_\_/\_\_\_\_\_
- B. Are any mortgage payments overdue for 3 months or more? (If Yes, list the date of last payment and the # of payments in arrears)\* \_\_\_\_\_  Yes  No
- C. Is building for sale?\*  Yes  No
- D. Is property in foreclosure?\*  Yes  No
- E. Any business conducted on premise?\* If Yes, list type of business(es) \_\_\_\_\_  Yes  No
- F. 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 \_\_\_\_\_  Yes  No
- G. 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(s) and name of person(s) \_\_\_\_\_  Yes  No
- H. Are the real estate taxes overdue by one year or more?\* If Yes, attach copy in remarks & agreement with city, if any \_\_\_\_\_  Yes  No
- I. Is the water, sewage, electricity, or heat out of service?\* If Yes, explain lack of services \_\_\_\_\_  Yes  No
- J. 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. \_\_\_\_\_  Yes  No
- K. Did applicant ever have coverage with NYPIUA on this property? If Yes, give policy # and expiration date.\* \_\_\_\_\_  Yes  No
- L. Did the applicant ever have coverage on this property with another company?\* If Yes, give Company, Policy #, Expiration Date, and Reason for Termination \_\_\_\_\_  Yes  No
- M. Is there any other insurance in force or applied for on this property?\* If Yes, provide insurance carrier name and policy type \_\_\_\_\_  Yes  No
- N. Is applicant other than an individual owner or sole proprietorship?\* If Yes, list all principals.\* \_\_\_\_\_  Yes  No
- O. Is there unrepaired damage at the location to be insured?\* If Yes, explain\* \_\_\_\_\_  Yes  No

**10. GENERAL INFORMATION 1**

P. Is there a day care center on premises?\* If Yes, are there more than 2 providers (Y/N)?

 Yes  No**11. REMARKS 1****12. VALUATION***Complete if applying for Dwelling (Coverage A) and Location of Property to be Insured is within the 5 boroughs (Bronx, Brooklyn, Manhattan, Queens, Staten Island).*

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:

Cost of Improvements\* \$ \_\_\_\_\_ Annual Rental Income (if applicable) \$ \_\_\_\_\_

Estimated Fair Market Value\* \$ \_\_\_\_\_ Replacement Cost Value\* \$ \_\_\_\_\_

Valuation Date\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Check the valuation method used to establish the amount of insurance\*:

 Replacement Cost  Replacement Cost Less Physical Depreciation  Fair Market Value Exclusive of Land  Other

Who determined the value? \* \_\_\_\_\_

**13. LOSS INFORMATION**

List, by location, all losses in the last 5 years on any property in which the applicant has or had a financial interest. 1

 No losses in the last 5 years (if selected, continue to the next section)

CAUSE OF LOSS*	LOSS DATE*	INSURANCE CARRIER NAME*	POLICY NUMBER*	LOCATION OF LOSS*	LOSS STATUS*	CLAIM AMOUNT*
						\$
						\$
						\$
						\$

NOTE: List any additional losses in Remarks section.

**14. BILLING**

Choose a payment plan\* (Note: All installments will include a \$6 installment fee) 1:

 Plan A: Full Pay Plan B: Down Payment + 2 installments Plan C: Down Payment + 4 installments Plan D: Down Payment + 7 installments

**14. BILLING**Bill To\*<sup>2</sup>:  Named Insured  1<sup>st</sup> Mortgagee  OtherIf *Other*, provide

Name\*: \_\_\_\_\_

Address Line 1\*: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_ Zip Extension: \_\_\_\_\_

Do you currently have another policy with NYPIUA?\* <sup>3</sup>:  Yes  No

If Yes, provide Policy Number(s)\*: \_\_\_\_\_

**15. APPLICATION DEPOSIT**<sup>1</sup> 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.

## MINIMUM DEPOSIT:

- The minimum deposit should include \$150.00 for each \$50,000 of coverage requested or any fraction thereof.
- An additional deposit of \$50 should be submitted for Household Personal Property Coverage.
- Deposits for Building, Business Personal Property and Household Personal Property Coverage should be calculated separately.

DEPOSIT ENCLOSED\*: \$ \_\_\_\_\_

**16. 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.

<sup>1</sup> SIGNATURE OF PRODUCER \_\_\_\_\_ DATE: \_\_\_\_\_**17. APPLICANT'S STATEMENT/SIGNATURE**

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.

## 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.

<sup>1</sup> SIGNATURE OF APPLICANT\* \_\_\_\_\_ DATE \_\_\_\_\_**18. ELECTRONIC DELIVERY AUTHORIZATION**<sup>1</sup> You may elect to receive electronic delivery of your insurance documents in lieu of paper copies. To make this election, you must complete and submit the Disclosure, Agreement and Consent to Conduct Business Electronically, NY DP PH 04. This notice can be found at [www.nypiua.com](http://www.nypiua.com).