

**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, 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. (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:

- Apartments
- Rooming House
- Office Buildings
- Motor Vehicle Repair
- Church/House of Worship
- Improvements and Betterments
- 100% Vacant¹ (Previous or Intended Occupancy) (Must indicate prior or intended occupancy by checking one of the boxes above)
- Mercantile (Trade or Commerce) with Home Furnishings
- Mercantile (Trade or Commerce) without Home Furnishings
- Gasoline Service Stations
- Academic Schools
- Condominium (Association Risk Only)
- Other (Describe): _____

¹Must 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*: _____ %

Occupancy*: _____ Percentage of Occupancy*: _____ %

Occupancy*: _____ Percentage of Occupancy*: _____ %

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*⁴: 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*⁵: _____
- q. Year Built*: _____
- r. Is any part of the property vacant?^{2*} No Yes - If yes, % of Vacancy: 1-70% 71-99% 100% (Explain any vacancy in Remarks)
- s. Is the property undergoing renovation/reconstruction?^{2*} 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)?^{6*} 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: _____

² 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 LOSS¹

- 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)¹
- ¹Terrorism 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
Building Coverage (If multiple buildings at one location, a building description must be provided for each building)		
<input type="checkbox"/> Building ² Building Description*:	\$	¹ Coinsurance*: _____%
<input type="checkbox"/> Leasehold Interest Coverage ³	\$	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 ⁴	\$	Coinsurance*: _____%
Business Personal Property/Household Furnishings		
<input type="checkbox"/> Business Personal Property Coverage ⁵	\$	Coinsurance*: _____%
<input type="checkbox"/> Personal Property of Others Coverage ⁶	\$	Coinsurance*: _____%
<input type="checkbox"/> Condominium Commercial Unit-Owners Coverage ⁷	\$	Coinsurance*: _____%
<input type="checkbox"/> Condominium Association Coverage ⁸	\$	Coinsurance*: _____%
<input type="checkbox"/> Household Personal Property Coverage ⁹	\$	Coinsurance*: _____%

<input type="checkbox"/> Other _____ ¹⁰	\$	Coinsurance*: _____%
Business Income/Time Element Coverage (See Section 7 for additional coverage options) ¹		
<input type="checkbox"/> Manufacturing & Mercantile _____ % Manufacturing _____ % Mercantile	\$	Coinsurance: _____% or 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: _____% or 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: _____% or Monthly Limitation: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
<input type="checkbox"/> Manufacturing	\$	Coinsurance: _____% or Monthly Limitation: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
<input type="checkbox"/> Mercantile & Non-Manufacturing	\$	Coinsurance: _____% or Monthly Limitation: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
<input type="checkbox"/> Rental Value	\$	Coinsurance: _____% or 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%

7. ADDITIONAL COVERAGE OPTIONS

LOCATION #1 - BUILDING #1 (Use supplemental application for additional locations/buildings)

Building Coverages ¹:

Debris Removal Additional Insurance – Amount of Insurance (above \$25,000): \$ _____

Pollutant Cleanup and Removal: Amount of Insurance (above \$10,000): \$ _____

Ordinance or Law:

Building Tenant’s Improvements And Betterments Loss to the Undamaged Portion of the Building

Demolition Cost Coverage Increased Cost of Construction Increased Period of Restoration

Condominium Unit-Owners Optional Coverages ²:

Loss Assessment Coverage: Amount of Insurance: \$ _____

Miscellaneous Real Property: Unit # _____ Amount of Insurance: \$ _____

Business Income/Time Element Coverage Options ³:

Extended Period of Indemnity: 90 days 120 days 150 days 180 days 270 days

Maximum Period of Indemnity (suspends co-insurance and has maximum period of indemnity of 4 months)

Payroll Expense Exclusion

Payroll Expense Limitation: 90 Days 180 Days

8. OTHER COVERAGES ¹

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.

9. ADDITIONAL INTERESTS

1	Type* ¹ : <input type="checkbox"/> 1 st Mortgagee <input type="checkbox"/> 2 nd Mortgagee <input type="checkbox"/> 3 rd 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*: 1st Mortgagee 2nd Mortgagee 3rd 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*: 1st Mortgagee 2nd Mortgagee 3rd 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. BILLINGBill To* ②: Named Insured 1st Mortgagee OtherIf *Other*, provide

Name*: _____

Address Line 1*: _____

Address Line 2: _____

City*: _____ State*: _____ Zip*: _____ Zip Extension: _____

Do you currently have another policy with NYPIUA?* ③: Yes No

If Yes, provide Policy Number(s)*: _____

15. APPLICATION DEPOSIT

① 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.

① 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.

① SIGNATURE OF APPLICANT* _____ DATE _____

18. ELECTRONIC DELIVERY AUTHORIZATION① 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.nypiu.com.