

**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 APPLICATION DEPOSIT SECTION.

📄 **APPLY ONLINE** at www.nypiua.com, select Applying for Insurance.

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

Reference # (1): _____

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 contact information for this application*:

Producer Name*: _____ Name: _____

Address Line 1* _____ Email: _____

Address Line 2 _____ Phone: (____) _____

City*: _____ State*: _____ Zip*: _____ - _____ Fax: (____) _____

2. APPLICANT INFORMATION

Named Insured (1)

Entity Type (2): ☐ Individual

First Name*, Middle, Last Name*:

Suffix: _____ DOB* ____/____/____

Entity Type: ☐ Entity

Full Business Name*: _____

DBA: (3) _____

Contact Details

Phone* ☐ Cell ☐ Home ☐ Work ☐ Fax

(____) _____

Phone ☐ Cell ☐ Home ☐ Work ☐ Fax

(____) _____

Email: (4) (5) _____

Mailing Address (6)

Care Of: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____ Zip*: _____ - _____

Country: _____

Additional Named Insured

Entity Type (2): ☐ Individual

First Name*, Middle, Last Name*:

Suffix: _____ DOB* ____/____/____

Entity Type: ☐ Entity

Full Business Name*: _____

DBA: (3) _____

Contact Details:

Phone* ☐ Cell ☐ Home ☐ Work ☐ Fax

(____) _____

Additional Named Insured

Entity Type (2): ☐ Individual

First Name*, Middle, Last Name*:

Suffix: _____ DOB* ____/____/____

Entity Type: ☐ Entity (2)

Full Business Name*: _____

DBA: (3) _____

Contact Details

Phone* ☐ Cell ☐ Home ☐ Work ☐ Fax

(____) _____

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): _____

4. PROPERTY INFORMATION

- | | |
|--|--|
| <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 ¹ (<input type="checkbox"/> Previous or <input type="checkbox"/> Intended Occupancy) (Must indicate prior or intended occupancy by checking one of the boxes above) | |

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*: _____
- 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?* ☐ No ☐ Yes If yes: Used From: _____ To: _____
- x. Is this building being newly constructed? ☐ No ☐ Yes
If Yes, provide Construction Start Date*: _____ Construction End Date*: _____
Is the work continuous and ongoing?* : ☐ Yes ☐ No
Who will do the work?* (select as many that apply): ☐ Professional Builder or Contractor ☐ Self
Have the required permits been obtained?*: ☐ Yes ☐ No

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 LOSS ¹

- ☒ **Group I Causes Of Loss** (Fire, Lightning, Explosion, Vandalism and Malicious Mischief, 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 ¹	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		
<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"/> Other _____ ⁹	\$	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%

¹If coverage is desired for your household personal property in the building, complete a separate Application for Dwelling Insurance.

7. ADDITIONAL COVERAGE OPTIONS**LOCATION #1 - BUILDING #1 (Use supplemental application for additional locations/buildings)****Building Coverages¹:**

- ☐ 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 Coverages²:

- ☐ Loss Assessment Coverage: Amount of Insurance: \$ _____
- ☐ Miscellaneous Real Property: Unit # _____ Amount of Insurance: \$ _____

Business Income/Time Element Coverage Options³:

- ☐ 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

¹Please 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	#2	#3
Type*: <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 <input type="checkbox"/> Building Owner Loss Payable <input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Contract Of Sale <input type="checkbox"/> Additional Named Insured Building Owner <input type="checkbox"/> Landlord <input type="checkbox"/> Builder/Contractor	Type*: <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 <input type="checkbox"/> Building Owner Loss Payable <input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Contract Of Sale <input type="checkbox"/> Additional Named Insured Building Owner <input type="checkbox"/> Landlord <input type="checkbox"/> Builder/Contractor	Type*: <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 <input type="checkbox"/> Building Owner Loss Payable <input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Contract Of Sale <input type="checkbox"/> Additional Named Insured Building Owner <input type="checkbox"/> Landlord <input type="checkbox"/> Builder/Contractor
Loan/Contract Number*: _____	Loan/Contract Number*: _____	Loan/Contract Number*: _____
Name*: _____	Name*: _____	Name*: _____
Address Line 1*: _____	Address Line 1*: _____	Address Line 1*: _____
Address Line 2: _____	Address Line 2: _____	Address Line 2: _____
City*: _____	City*: _____	City*: _____
State*: _____ Zip*: _____ - _____	State*: _____ Zip*: _____ - _____	State*: _____ Zip*: _____ - _____

NOTE: List any additional interests in Remarks section 11.

10. GENERAL INFORMATION

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)* _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Is building for sale?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is property in foreclosure?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Any business conducted on premise?* If Yes, list type of business(es) _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Are the real estate taxes overdue by one year or more?* If Yes, attach copy in remarks & agreement with city, if any	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Is the water, sewage, electricity, or heat out of service?* If Yes, explain lack of services _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

K. Did applicant ever have coverage with NYPIUA on this property? If Yes, give policy # and expiration date.* _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Is there any other insurance in force or applied for on this property?* If Yes, provide insurance carrier name and policy type _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Is applicant other than an individual owner or sole proprietorship?* If Yes, list all principals.* _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Is there unrepaired damage at the location to be insured?* If Yes, explain* _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. Is there a day care center on premises?* If Yes, are there more than 2 providers (Y/N)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No


11. REMARKS

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 ❶:
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*: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Replacement Cost Less Physical Depreciation
<input type="checkbox"/> Fair Market Value Exclusive of Land <input type="checkbox"/> 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. ❶																												
<input type="checkbox"/> No Losses in the last 5 years (if selected, continue to the next section)																												
<table border="1"> <thead> <tr> <th>Cause of Loss*</th> <th>Loss Date*</th> <th>Insurance Carrier Name*</th> <th>Policy Number*</th> <th>Location of Loss*</th> <th>Loss Status ❷*</th> <th>Claim Amount*</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$</td> </tr> </tbody> </table>	Cause of Loss*	Loss Date*	Insurance Carrier Name*	Policy Number*	Location of Loss*	Loss Status ❷*	Claim Amount*							\$							\$							\$
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Note: List any additional losses in Remarks section 11.

14. BILLING
Choose a payment plan* (Note: All installments will include a \$6 installment fee) ❶:
<input type="checkbox"/> Plan A: Full Pay <input type="checkbox"/> Plan B: Deposit + 2 installments <input type="checkbox"/> Plan C: Deposit + 4 installments <input type="checkbox"/> Plan D: Deposit + 7 installments
Do you currently have another policy with NYPIUA?* ❸ <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide Policy Number(s)*: _____

Bill To*

☐ First Named Insured ☐ 1st Mortgagee ☐ Other *If Other, provide,*

Name*: _____

Address Line 1*: _____

Address Line 2: _____

City*: _____

State*: _____ Zip*: _____ - _____

15. APPLICATION DEPOSIT

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.
- Deposits for Building-and Business Personal Property Coverage should be calculated separately.

DEPOSIT ENCLOSED* ④: \$ _____

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.

SIGNATURE OF PRODUCER ① _____ 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 HAS 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.

SIGNATURE OF APPLICANT* ① _____ DATE* _____

18. ELECTRONIC DELIVERY AUTHORIZATION

New York Property Insurance Underwriting Association ("NYPIUA") provides customers with the option to conduct business electronically and to receive all insurance-related documents electronically. To enroll in the "go paperless" option, you must read and agree to the "go paperless" option terms and conditions located online at nypiua.com.

CONSENT STATEMENT

BY PROVIDING MY EMAIL ADDRESS AND SIGNING BELOW, I CONSENT TO CONDUCT BUSINESS WITH NYPIUA ELECTRONICALLY IN ACCORDANCE WITH THE "GO PAPERLESS" OPTION TERMS AND CONDITIONS. I UNDERSTAND THAT BY CONSENTING, I WILL NO LONGER RECEIVE PAPER DECLARATIONS, FORMS, CANCELLATION NOTICES OR BILLS. I AGREE AND ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE "GO PAPERLESS" OPTION TERMS AND CONDITIONS LOCATED ONLINE AT WWW.NYPIUA.COM/GOPAPERLESS AND THAT I AM ABLE TO RECEIVE, ACCESS, VIEW, SIGN AND RETAIN ELECTRONIC COMMUNICATIONS PURSUANT TO THE HARDWARE AND SOFTWARE REQUIREMENTS THEREIN.

Email Address * _____

Name*(print) _____ Signature* ① _____ Date* _____