



APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Named Insured: _____
 2. Mailing Address: _____ 3. Inspection Contact: _____
 _____ Phone Number: _____

4. Coverage Desired: Monoline Liability Monoline Property Package
 5. Policy Term: 3 months 6 months 9 months Annual
 6. Prior Carrier: _____ Expiration Date: _____
 Is the expiring carrier canceling or non-renewing? Yes No
 If Yes, please provide the reason and explanation: _____

7. Loss information for the past 3 years:

Year	# of Claims	Incurred Amounts	Description
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Schedule of Locations

8. Please provide a complete schedule of all locations to be covered:

Loc #	Bldg #	Street Address	City	State	Zip Code	Total Sq. Ft.	# of Stories	Year Built	Construction	Protection Class

General Information

9. What is the prior occupancy of the building? _____
 10. What is the reason for vacancy? _____
 11. Is the building completely vacant? Yes No
 If No, provide the occupancy and square footage: _____
 12. What is the intended disposition? Sell Find lessee Occupy Demolish Other _____
 13. Is the building fire or otherwise damaged? Yes No
 14. Is the building locked and secured from unauthorized entry? Yes No
 15. Are there any insurance company loss control recommendations outstanding? Yes No
 Please describe: _____

Liability Information

Not Applicable

16. Limits Desired: _____ *Note: Products/Completed Operations will be excluded*
 \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
 17. Is the building on a farm? Yes No
 18. Is the building on a piece of land greater than 5 acres? Yes No
 If Yes, what is the total acreage? _____
 19. Is there a swimming pool on the premises? Yes No

Additional Insureds Not Applicable

20. Please advise all entities requesting to be added as Additional Insured on this policy: No

Complete Name	Address	Interest

Property Information

Not Applicable

21. Please provide additional property information on all locations to be covered:

Loc #	Bldg #	Existing Building Value	Building Improvement Value (if applicable)	Total Insured Value	Co-Ins	Mortgage Amount	Automatic Sprinkler (%)	Central Station	
								Burglar Alarm?	Fire Alarm?

22. Cause of Loss: Basic - excluding sprinkler leakage
 Special - excluding sprinkler leakage
 Special - excluding sprinkler leakage and theft

23. Would you like the rental value option? _____
 If Yes, please include a copy of the signed lease/contract
 Rental Value: \$ _____ (6 month maximum)
 Effective Date: _____

24. How long has the applicant owned the property? _____

25. How long has the property been vacant? _____

26. Are there any back taxes owed or tax liens on the property? Yes No
 27. Has the applicant filed for bankruptcy or been foreclosed on in the past 7 years? Yes No
 28. Have any tenants been evicted from the property in the past 60 days? Yes No
 29. Is the applicant aware of any prior use, storage, or manufacture of any chemical, pollutant or water products on the premises? Yes No

Renovation Information **Not Applicable**

30. Provide complete details of all renovation projects: _____

31. Total Cost of the Project: _____

32. Estimated Completion Date: _____

33. Does any part of the project involve structural renovations? Yes No

34. Who is performing the renovation work?
 Applicant and/or their volunteers Independent Contractors hired by the Applicant A General Contractor

Only continue if the applicant is using an Independent or General Contractor:

35. Is the applicant the entity that is entering into the contract with the contractor? Yes No
 36. Is the contractor required to carry insurance at a minimum of \$1,000,000? Yes No
 37. Is the contractor required to name the applicant as an Additional Insured? Yes No
 38. Are Certificates of Insurance obtained to confirm status as Additional Insured? Yes No

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

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____
 ADDRESS _____

MAIL COMPLETED APPLICATION
 THROUGH LOCAL AGENT
 OR BROKER TO:

Signature of Applicant: _____ Date: _____