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| **Current Policy Information (IF ANSWERING YES, PLEASE EXPLAIN)** | | | | | |
| 1. Insured Name | |  | | | |
| 1. Mailing Address | |  | | | |
| 1. **Current Carriers**   Property:  General Liability:  Umbrella: | |  | **Current Premium**  $  $  $ | | |
|  | | | | **YES** | **NO** |
| 1. Are the current carriers renewing? | | | |  |  |
| 1. Expiration Date : | | | | | |
| 1. Do you require excess D&O liability?   If yes, is the underlying D&O defense outside the limits? | | | |  |  |
| 1. Does submitting broker currently provide the insurance for this account? | | | |  |  |
|  | | | | | |
| **Habitational Questionnaire** (**IF ANSWERING YES, PLEASE EXPLAIN)** | | | | | |
| 1. Inspection contact name |  | | Phone | | |
| Insured contact name |  | | Phone | | |
| 1. Are any locations under renovation? | | | |  |  |
| 1. Is security personnel subcontracted armed? | | | |  |  |
| 1. Has the applicant received any code violation in the past 3 years that have not been rectified? | | | |  |  |
| 1. Are there any Zinsco or Federal Pacific (FPE) Electrical Breakers or Aluminum wiring on any premises? | | | |  |  |
| 1. Has the applicant ever filed for bankruptcy protection? | | | |  |  |
| 1. Is there a child’s playground or nursery on premises? | | | |  |  |
| 1. Daycare exposure:    1. Do any locations have any type of daycare or school operations located within the building(s)?    2. Are tenants allowed to run a group family daycare within their unit? | | | |  |  |
| 1. Does applicant have a written evacuation plan? | | | |  |  |
| 1. Is there emergency lighting? | | | |  |  |
| 1. Owned autos? | | | |  |  |
| 1. Smoke alarms in each unit? | | | |  |  |
| 1. Carbon Monoxide alarms in each unit? | | | |  |  |
| 1. Is there parking?   Number of spaces? | | | |  |  |
| 1. Is there a pool? | | | |  |  |
| 1. Do you furnish to each tenant, signing a vacancy lease, a statement about the property’s bedbug infestation history for the previous year regarding the premises rented by the tenant and the building in which the premises are located? | | | |  |  |
| 1. Have you had an infestation of Bedbugs? | | | |  |  |
| 1. Who treated this infestation? | | | |  |  |
| 1. Does each location have a second means of egress?  If yes, please advise details:    1. Fire escape    2. Halls and stairs are protected by sprinkler system    3. Other: | | | |  |  |
| 1. Are self-closing doors present in the building:    1. Is each residential unit equipped with a self-closing entry door?    2. Does each stairwell have a self-closing door? | | | |  |  |
| 1. Is any location: Senior/Student Housing / Assisted Living | | | |  |  |
| 1. Are there any docks/marinas? | | | |  |  |
| 1. Are all buildings over 9 stories either fully sprinklered or one of the following construction types - Fire Resistive or Masonry Non-Combustible? | | | |  |  |
| 1. Are there any locations that are to be scheduled, in which coverage is intended to be only a portion of the exposure? (Examples include Sponsor Owned Units) | | | |  |  |
| 1. Do you allow living units to be sub-divided?    1. Does the lease prohibit sub divided units? | | | |  |  |
| 1. Do you have any basement apartments?    1. For each location – indicate number of basement apartments (location schedule)    2. For each location - Indicate if the basement apartment(s) are permitted (location schedule) | | | |  |  |

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| **Lead Paint Questionnaire** (**IF ANSWERING YES, PLEASE EXPLAIN)** | | | |
| 1. List General Liability Carriers whom have provided coverage over the past 5 years: | | | |
| **YEAR** | **CARRIER** | | |
|  |  | | |
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|  |  | | |
| 1. Who is responsible for painting the walls of units? | | | |
|  | | **YES** | **NO** |
| 1. Are you aware of any painted surface at any building(s) listed on the attached Location Supplemental Page which are peeling, flaking or in need of repair? | |  |  |
| 1. Have all habitational units situated in each building listed on the location supplemental page been re-painted within the last five years? | |  |  |
| 1. Are you aware of any claim or suits, which you are aware of, involving lead paint contamination made against you over the past five years? Please also indicate whether such claims or suits are still active or pending, and if not, the outcome of each claim or suit. | |  |  |
| 1. Have you ever received any notices of lead contamination, letters regarding a lead poisoned tenant, or had any other correspondence from anyone regarding the existence lead paint? | |  |  |
| 1. Please comment on any actions you have taken, or plan to take in the near future, to reduce the presence of lead paint in the buildings listed on the location supplemental page. Please provide documentation if available. | | | |
| 1. Are there any facilities on the premises of the location described herein which involve the care, custody or control of children (I.E. Day Care Center) under the age of 12? | |  |  |
| 1. Please explain your procedures for complying with the Tenant Notification Rule, which went into effect in September 1996. As you are aware, according to this law, landlords must disclose to renters known information on Lead Based Paint Hazards prior to leases taking effect. Sellers must disclose to buyers known information on Lead Based Paint Hazards prior to signing a sales contract. Landlords, Sellers and Renovators must present to buyers or renters and EPA pamphlet entitled "Protect Your Family from Lead in Your Home": | | | |
| 1. At the time of signing this application, are you aware of any circumstances which may give reasonable cause to a lead paint claim under this policy? | |  |  |

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| **Lessors Risk Questionnaire (IF ANSWERING “NO” PLEASE EXPLAIN)** | | |
| **Written lease requires the following** | **YES** | **NO** |
| 1. Tenant required to maintain insurance |  |  |
| 1. Liability limits $1M occurrence / $2M aggregate / $1M products completed operations |  |  |
| 1. Liquor Liability $1M |  |  |
| 1. Umbrella liability limit $1M |  |  |
| 1. Workers’ Compensation incl Employer’s Liability $1M / $1M / $1M |  |  |
| 1. Additional insured status to landlord |  |  |
| 1. Tenant policy is primary and noncontributory |  |  |
| 1. Tenant required to hold harmless and indemnify the landlord |  |  |
| 1. Tenant required to provide 30 days’ notice to additional insured |  |  |
| 1. Certificate of insurance included with application |  |  |

|  |  |  |
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| **Contractual Questionnaire (IF ANSWERING “NO” PLEASE EXPLAIN)** | | |
|  | **YES** | **NO** |
| 1. Does the insured utilize a contract for all contracted / subcontracted work Please explain: |  |  |
| 1. Written Contract outlines the scope of the work |  |  |
| 1. Contractor required to maintain insurance from AM Best rated “A-” company or better |  |  |
| **Written contract requires the following:** |  |  |
| 1. GL minimum limits of $1M Occ / $2M Agg / $2M Prod / $1M PI, AI |  |  |
| 1. GL policy gives AI status to insured for on-going work |  |  |
| 1. GL policy gives AI status to insured for completed work |  |  |
| 1. GL policy with no fall from heights exclusion |  |  |
| 1. GL policy with no labor law exclusion |  |  |
| 1. GL policy with no height restriction exclusion |  |  |
| 1. GL policy with no action over exclusion |  |  |
| 1. GL policy with no subcontractor / employee injury exclusion |  |  |
| 1. GL policy with no bodily injury to independent contractor exclusion |  |  |
| 1. GL policy is on a per-project basis |  |  |
| 1. Workers’ Compensation incl Employer’s Liability $1M / $1M / $1M |  |  |
| 1. Auto insurance minimum limits of $1M CSL |  |  |
| 1. Contractor gives Additional Insured Status to Named Insured |  |  |
| 1. Contractors’ insurance is primary & noncontributory |  |  |
| 1. Contractor required to provide 30 days’ notice to additional insured |  |  |
| 1. Certificate of insurance provided for work-in-progress |  |  |
| 1. Contract provided for work in progress |  |  |
| 1. Sample contract provided with application |  |  |

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| **Planned Work During Policy Period Questionnaire** | | |
|  | **YES** | **NO** |
| 1. Are there current renovations, construction, or significant maintenance projects underway – please describe: |  |  |
| 1. If yes, to number 1 above – is current contract attached with application |  |  |
| 1. Are there plans for renovations, construction, or significant maintenance for the coming year – please describe: |  |  |
| 1. Permits filed |  |  |
| 1. Contractor hired |  |  |
| 1. Have contractual procedures been followed as per above |  |  |
| 1. Is draft contract attached to application |  |  |

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or for the purpose of misleading, conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. It is agreed that if any statement, information or data given in this application or other materials submitted in connection with this application is materially false, in accurate or incomplete, the Company, at its option, may deny coverage and/or void cancel the policy.

THE COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED COMPLETELY BEFORE THE INSURER WILL DETERMINE THE ACCEPTABILITY OF THE APPLICANT SIGNED BELOW.

PROGRAM BROKERAGE CORPORATION HOLDS THE RIGHT TO VERIFY THE INFORMATION REPRESENTED WITHIN THIS APPLICATION WITH ANY CITY AGENCY OR PRIOR INSURANCE CARRIER.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SIGNATURE AGENT/BROKER’S SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT APPLICANT’S NAME PRINT AGENT/BROKERS’ NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY (TITLE) BY (TITLE)

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DATE DATE

**Location Schedule** (*\* Please note that if there is any merc. occupancy please describe at the bottom of this schedule where provided.)*

Location/Insured:       Mailing Address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location/Insured** | **Occupancy** | **Res.**  **Units** | **Merc.**  **Sq. Ft.\*** | **Total**  **Sq. Ft.** | **Elev.**  **Y/N** | **Constr.** | **# Of**  **Bldgs** | **# Of**  **Stories** | **Age** | **% Occ.** | **Building**  **Amount** | **Rental**  **Income** | **Additional**  **Insured/Loss**  **Payee/Mortgagee** | **Sprinklered**  **Y/N** | **Central**  **Station**  **Alarm Y/N** |
| 125 Sample Street  Sampletown, NY | Rental | 1500 | 20000 | 20000 | YES | Joisted  Masonry | 110 | 15 | 150 | 100% | $40,000,000 | $40,000 | Sample, Inc. 123  Sample St, NY, NY | YES | YES |
|  |  |  |  |  |  |  |  |  |  | % | $ | $ |  |  |  |
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|  |  |  |  |  |  |  |  |  |  | % | $ | $ |  |  |  |

Total: $      Total Buildings: $      **PLEASE LIST ALL COMMERCIAL OCCUPANCY:**

Total Rents: $      **DOES THE INSURED OWN OR OPERATE ANY COMMERCIAL OCCUPANCY:**

Total: $