



**9. LOSS INFORMATION**

LIST BY LOCATION ALL INSURED AND UNINSURED FIRE, EC, AND V&MM LOSSES IN THE LAST FIVE YEARS ON ANY PROPERTY IN WHICH THE APPLICANT HAS OR HAD A FINANCIAL INTEREST.

CAUSE	DATE	AMOUNT	INSURANCE COMPANY	LOCATION

IS THERE UNREPAIRED DAMAGE AT ANY LOCATION TO BE INSURED?  YES  NO IF YES, DESCRIBE.

**10. GENERAL INFORMATION**

UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	UNLESS OTHERWISE INDICATED, EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
A. DID APPLICANT EVER HAVE COVERAGE WITH ASSOCIATION ON THIS PROPERTY? (IF YES, GIVE POLICY # AND EXPIRATION DATE.)			I. 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.)		
B. DID THE APPLICANT EVER HAVE COVERAGE ON THIS PROPERTY WITH ANOTHER COMPANY? (IF YES, GIVE COMPANY, POLICY #, EXPIRATION DATE, AND REASON FOR TERMINATION.)			J. 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 AND NAME OF PERSON.)		
C. IS APPLICANT AN INDIVIDUAL OWNER OR SOLE PROPRIETORSHIP? (IF NO, LIST ALL PRINCIPALS.)			K. ARE THE REAL ESTATE TAXES OVERDUE BY ONE YEAR OR MORE? (IF YES, ATTACH COPY OF IN REM AGREEMENT WITH CITY, IF ANY.)		
D. DID APPLICANT PURCHASE BUILDING LESS THAN 3 YEARS AGO?			L. IS THE WATER, SEWAGE, ELECTRICITY, OR HEAT OUT OF SERVICE? (IF YES, EXPLAIN LACK OF SERVICES.)		
E. ARE ANY MORTGAGE PAYMENTS OVERDUE? (IF YES, LIST THE DATE OF LAST PAYMENT AND THE # OF PAYMENTS IN ARREARS.)			M. 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.)		
F. IS BUILDING FOR SALE?					
G. IS PROPERTY IN FORECLOSURE?					
H. ANY BUSINESS CONDUCTED ON PREMISES?					

**11. REMARKS**

**12. 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 \_\_\_\_\_

**13. APPLICANT'S STATEMENT/SIGNATURE**

**CERTIFICATION OF APPLICANT FOR INSURANCE**

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.

**CAUTION: POLICY CONDITIONS REQUIRE THAT BOOKS AND RECORDS BE KEPT BY THE INSURED FOR ALL COVERAGES, PARTICULARLY AS RESPECTS TIME ELEMENT COVERAGES.**

**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 \_\_\_\_\_ DATE \_\_\_\_\_