

# THE BROWNSTONE PROGRAM

## Underwriting Application

MAIL TO: BROWNSTONE AGENCY; 32 OLD SLIP, FL. 8, NEW YORK, NY 10005 OR FAX TO: 212.742.7934  
WWW.BROWNSTONEAGENCY.COM



## Aspen American Insurance Company

Policy Dates:	From:	To:
Named Insured: 534 WEST 42nd STREET, LLC		
Mailing Address: 225 WEST 35TH ST NEW YORK, NY 10001 15TH FLOOR		
Telephone Number: 646 214 0321 Fax #: 212 810 4162 E-mail: JOEL@LIVINGNY.COM		
Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input checked="" type="checkbox"/> LLC <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Explain:		
Condo <input checked="" type="checkbox"/> Co-op <input type="checkbox"/> Rental <input type="checkbox"/> Residence <input type="checkbox"/>		
Building Address (if different from mailing address):		
DOES THIS LOCATION CONTAIN ANY OF THE FOLLOWING INELIGIBLE RISKS: HOMELESS SHELTERS; TEMPORARY SHELTERS; EMERGENCY SHELTERS; SUBSTANCE ABUSE PROGRAMS; MENTAL HEALTH FACILITIES; SROs (SINGLE ROOM OCCUPANCY); FRATERNITY OR STUDENT HOUSING; ANY NON-PROFIT CITY OR STATE SPONSORED SOCIAL SERVICE ENTITY, AGENCY, OR AFFILIATION? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no SECTION 8 HOUSING? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no IF YES, # OF UNITS:		
Number of Units: 8 # Occupied: 7 Does Owner Reside on Premise? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
Mercantile/Commercial Occupancies? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If Yes, is There Cooking? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
Occupancy Description: RESIDENTIAL Square Feet 8923		
Number of Buildings: 1 Annual Rental Income: (Maintenance Fees if <u>condo/leop</u> ) 185,000		
Certificate of Insurance on file for mercantile? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no REQUIRED!		
% of Building Occupied: 90%		
Building Total Square Footage: 8923 Year Built:		
Any Vacant Buildings or Lots on Either Side of Your Building? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Brick/Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Comb. <input checked="" type="checkbox"/> Fire-Resistive		
Is Roof Material Shake or Wood Shingle? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
If Yes, Treated with Fire Retardant Material? <input type="checkbox"/> yes <input type="checkbox"/> no		
Basement Finished? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
# of Stories above Basement Level:		
# of Elevators: 1 Elevator Maintained by: SOLID STATE		
Is Elevator Maintenance Certificate on File? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no (if yes, provide a copy)		
Dead Bolts? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Fire Extinguishers? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Fire Escapes? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no BX Elec. Wiring <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
Intercoms? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Emergency Lighting? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Circuit Breakers? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Surveillance Camera(s) <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
Smoke Detector in All Units? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
Carbon Monoxide Detectors in All Units? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
Hard Wired: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Battery? <input type="checkbox"/> yes <input type="checkbox"/> no		
If Battery, is There a Battery Replacement Program? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
Sprinklers? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no % of Building Sprinklered? (describe):		
Central Station Alarm? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Is sprinkler maintained? <u>YES</u> Please provide certificate.		
Burglar Alarm <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Central Station Alarm? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
Is There a Garage? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If Yes, Attached? <input type="checkbox"/> yes <input type="checkbox"/> no Garage Square Footage:		
Is It Used for Commercial Purposes? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, explain):		
Are Stairways Steel or Steel Reinforced? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		

Any Building Violations? yes no (if yes, please describe):

Any Uncorrected Type "B" or "C" Building Violations in the Prior Three (3) Years? yes No

How Many Units have Children Under the Age of Ten (10) Years Residing on Premises?

Do You Ask if Any Children Under Age Ten (10) Reside on Premises When a Lease is Signed? yes no

Do You Send an Annual Notice to All Tenants Asking if Any Children Under Age Ten (10) Reside on Premises? yes no

Are All Units with Children Under Age Ten (10) Visually Inspected at Lease Signing and Annually? yes no

Are These Units Equipped with Child Window Guards? yes no

Are There Any Dogs on the Premises? yes no Authorized on Lease? yes no

Are There Any Swimming Pools Including Wading Pools? yes no

If Yes, are There Any Slides? yes no Any Diving Boards? yes no

Any Armed Guards? yes no

**RENOVATIONS:**

Any Renovations Currently Under Way or Planned Within the Next Three (3) Years? yes no (if yes, please describe):

**MUST BE REPORTED!**

Indicate Year Next to Each Building Update:

Roof:  Heating:

Windows:  Electrical:

Plumbing:  Other:

**\*\*If Systems are Over 20 Years Old, Please Answer the Following Five (5) Questions:**

1) Electrical Excellent Good Fair Needs Improvement

Fuses Circuit Breakers

2) Heating System Condition: Excellent Good Fair Needs Improvement

Central Heat: yes no Age of Furnace:  Service Contract? yes no

Fireplaces? yes no If Yes, Have They Been Relined? yes no

3) Plumbing and Fixtures Condition: Excellent Good Fair Needs Improvement

Types of Pipes: Copper Galvanized Plastic Mixed

4) Roof Condition: Excellent Good Fair Needs Improvement

Year Replaced: \_\_\_\_\_ Year Repaired: \_\_\_\_\_ Year Fully/Properly Sealed: \_\_\_\_\_

Type: Flat Pitches Mixed

5) Window Condition: Excellent Good Fair Needs Improvement

Year Replaced: \_\_\_\_\_ Year Repaired: \_\_\_\_\_

**PROPERTY SECTION (REQUESTED COVERAGE):**

Building Coverage:

Co-Insurance  
80% 90% AA

Building Valuation:

ACV Replacement Cost

Causes of Loss:  
Basic Special

Deductible:  
1,000 2,500 5,000 10,000

Building \$ \_\_\_\_\_

Business Personal Property \$ \_\_\_\_\_

BPP Theft Deductible \$ \_\_\_\_\_

Loss Of Rents\* \$ \_\_\_\_\_

Household Personal Property \$ \_\_\_\_\_

Additional Living Expense \$ \_\_\_\_\_

Inland Marine \$ \_\_\_\_\_

Named Storm Deductible  
2% 3% 5% 10% (\$10,000 minimum)

(\*Actual Rent Roll is required) – Extra Expense yes no

Mysterious Disappearance yes no

Jewelry Furs Fine Arts Silver Musical Instruments Cameras Bicycles

Additional Coverages: Crime(Fidelity/Employee Dishonesty) \$ \_\_\_\_\_ (\$5,000 to \$500,000 Limit)

Building Ordinance (Increased Cost of Construction & Demolition)

Back-Up Sewers & Drains \$250,000 \$500,000 \$1,000,000

Earthquake \$250,000 \$500,000 \$1,000,000 \$2,500,000 \$5,000,000

2% Minimum Deductible Applies

Flood \$250,000 \$500,000 \$1,000,000 \$2,500,000 \$5,000,000

Outdoor Property Enhancement (\$50,000)

**LIABILITY SECTION (REQUESTED COVERAGE):**

Personal Liability:  \$500,000  \$1,000,000  \$2,000,000 (Owner Occupied Dwellings Only)

Commercial General Liability:  \$500,000/\$1,000,000  \$1,000,000/\$1,000,000  \$1,000,000/\$2,000,000  
 \$2,000,000/\$2,000,000  \$2,000,000/\$4,000,000

Basic Coverage  Broad Coverage  Personal Injury  Lead Liability

Additional Coverages:  Water Damage Legal Liability S (\$25,000 to \$1,000,000 Limit)

Per Location Aggregate Limit

Non-Owned & Hired Auto Liability\* S (\$1,000,000 Limit)

**Excess Liability**†  yes  no Contact Underwriter for Options

\* Only Available if No Owned Autos †WDLL must be \$1,000,000

Directors & Officers Liability \$1,000,000

\*\* If Directors & Officers Liability is Included the D&O Supplemental Applications Needs to be Completed\*\*

**ADDITIONAL INTERESTS:**

Mortgage Names and Address:

Bill Bank for Financed Premium?  yes  no

Loan#:

**PRIOR CARRIER INFORMATION:**

Carrier: Policy #: Expiration Date:

Limits: Annual Premium:

Has Any Policy or Coverage Cancelled or Been Non-renewed During the Past 3 Years?  
(if so, please describe):

**Loss History – Enter all claims for the Prior 3 Years or Check Here if None**

Has There Ever Been a Lead or Mold Claim(s) or Complaint?  yes  no (if yes, describe below)

Check Here if Currently with Brownstone  (if so, loss records will be on file with agency)

Date of Occurrence	Type/Description of Occurrence of Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY: substantial) Civil Penalties. \*Not applicable in CO, HI, NE, OH, OK, OR, ME and VA. Insurance benefits may also be denied).

Print Name of Applicant JOEL KRIEBER

Signature of Applicant *Joel Krieger* Date \_\_\_\_\_

**IF APPLICABLE**

Print Name of Agent/Broker \_\_\_\_\_

Signature of Agent/Broker \_\_\_\_\_

License # \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Policy Delivery (choose one):**

Electronic (by e-mail):

Paper (by mail):

Policy Delivery E-mail (Required if "Electronic" option is chosen)

**STATE OF NEW YORK  
ANTI-ARSON APPLICATION  
(NYFA-1) PART 1**

**WARNING:** This application must be completed and returned by the applicant or insured pursuant to Section 168-j of the New York Insurance Law and Insurance Department Regulation 96

NAME OF APPLICANT OR INSURED 534 WEST 42nd STREET CONDOMINIUM  
 LOCATION OF PROPERTY 534 WEST 42nd STREET NY, NY 10036  
 AMOUNT OF INSURANCE \$ \_\_\_\_\_ APPLICANT IS:  OWNER OCCUPANCY  ABSENTEE OWNER  TENANT  OTHER  
 OCCUPANCY (S) RESIDENTIAL CONDOMINIUM

**VALUATION:** 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.

PURCHASE INFORMATION: DATE \_\_\_\_\_ PRICE \$ \_\_\_\_\_ COST OF SUBSEQUENT IMPROVEMENTS \$ \_\_\_\_\_  
 ESTIMATED REPLACEMENT COST \$ \_\_\_\_\_ ESTIMATED FAIR MARKET VALUE (exclusive of land) \$ \_\_\_\_\_  
 FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME \$ \_\_\_\_\_

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 \_\_\_\_\_

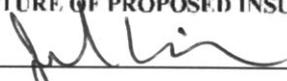
WHO DETERMINED THE VALUE? \_\_\_\_\_ ATTACH A COPY OF ANY APPRAISAL.

**UNDERWRITING INFORMATION:** IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", COMPLETE THE CORRESPONDING NUMBERED SECTION OF PART 2.

	YES	NO
1. IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR SOLE PROPRIETORSHIP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. ARE ANY MORTGAGE PAYMENTS (BUILDING OR CONTENTS) OVERDUE BY 3 MONTHS OR MORE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ARE THERE ANY REAL ESTATE TAX LIENS OR OTHER TAX LIENS AGAINST THE PROPERTY OR REAL ESTATE TAXES OVERDUE OF ONE YR. OR MORE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. ARE THERE ANY OUTSTANDING RECORDED VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT THIS LOCATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. HAS ANYONE WITH A FINANCIAL INTEREST IN THIS PROPERTY BEEN CONVICTED OF ARSON, FRAUD OR OTHER CRIMES RELATED TO LOSS ON PROPERTY DURING THE LAST 5 YEARS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. IS THE MORTGAGEE OTHER THAN A FEDERAL OR STATE CHARTERED LENDING INSTITUTION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. EXCEPT WHERE FEDERAL OR STATE CHARTERED LENDING INSTITUTIONS ARE THE APPLICANTS, PLEASE FURNISH THE FOLLOWING INFORMATION: HAVE THERE BEEN FIRE LOSSES DURING THE PAST FIVE YEARS EXCEEDING \$1,000 IN DAMAGES TO THIS PROPERTY OR TO ANY PROPERTY IN WHICH THE APPLICANT HAS AN EQUITY INTEREST AS AN OWNER OR MORTGAGEE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. (a) IF THE PROPERTY IS COMMERCIAL, IS MORE THAN 10% OF THE RENTABLE SPACE VACANT, UNOCCUPIED OR SEASONAL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) IF THE PROPERTY IS RESIDENTIAL, ARE 5% OR MORE OF THE APARTMENTS VACANT, UNOCCUPIED OR SEASONAL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) IS WATER, SEWAGE, ELECTRICITY OR HEAT OUT OF SERVICE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. OTHER POLICIES:		
(a) IS THERE ANY OTHER INSURANCE IN FORCE OR APPLIED FOR ON THIS PROPERTY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) HAS ANY COVERAGE OR POLICY ON THIS PROPERTY BEEN DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 3 YEARS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. HAS THIS PROPERTY BEEN UNDER THE OWNERSHIP OF THE APPLICANT FOR LESS THAN 3 YEARS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OR 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.

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 ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL BE GROUNDS TO REScind THE INSURANCE POLICY.

SIGNATURE OF PROPOSED INSURED  TITLE MANAGING AGENT DATE 7/8/15

INSUREDS SHALL NOTIFY THE INSURER IN WRITING OF ANY CHANGE IN THE INFORMATION CONTAINED HEREIN, UPON RENEWAL OR ANNUALLY, WHICHEVER IS SOONER. FAILURE TO COMPLY MAY RESULT IN RESCISSION OF YOUR POLICY.

**STATE OF NEW YORK  
ANTI-ARSON APPLICATION  
(NYFA-1) PART 2**

**OWNERSHIP INFORMATION:**

1. LIST THE NAMES AND ADDRESS OF: SHAREHOLDERS OF A CORPORATION PARTNERS, INCLUDING LIMITED PARTNERS TRUSTEES AND BENEFICIARIES

NOTE: LIST ONLY THOSE POSSESSING AN OWNERSHIP INTEREST OF 25% OR MORE, EXCEPT FOR CLOSE CORPORATION BENEFICIARIES WHERE ALL OWNERS SHOULD BE LISTED.

NAME	ADDRESS	POSITION	INTEREST %
NA			

2. MORTGAGE PAYMENTS MORTGAGE LA DATE DUE \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_

LIST ANY OTHER ENCUMBRANCES: \_\_\_\_\_

3. UNPAID TAXES OR UNPAID LIENS: TYPE \_\_\_\_\_ DATE DUE \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_

4. CODE VIOLATIONS: DATE \_\_\_\_\_ DESCRIBE \_\_\_\_\_

5. CONVICTIONS: DATE \_\_\_\_\_ DESCRIBE \_\_\_\_\_

NAME OF PERSON \_\_\_\_\_

6. NAME(S) OF UNCHARTERED MORTGAGEES: \_\_\_\_\_

7. LOSSES: LOCATION \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ DESCRIPTION \_\_\_\_\_

8. VACANCY AND/OR UNOCCUPANCY:

INDICATE SEASONAL PERIOD (IF ANY) WHEN BUILDING IS UNUSED: \_\_\_\_\_

FOR APARTMENT BUILDINGS, INDICATE: TOTAL UNITS \_\_\_\_\_ UNOCCUPIED UNITS \_\_\_\_\_

FOR OTHER BUILDINGS INDICATE: VACANCY \_\_\_\_\_ % UNOCCUPANCY \_\_\_\_\_

FOR ALL BUILDINGS INDICATE THE FOLLOWING:

REASON FOR VACANCY/UNOCCUPANCY: \_\_\_\_\_

ANTICIPATED DATE OF OCCUPANCY: \_\_\_\_\_

IF THE BUILDING IS VACANT OR UNOCCUPIED, INDICATE HOW IT IS PROTECTED FROM UNAUTHORIZED ENTRY \_\_\_\_\_

IS THERE A GOVERNMENTAL ORDER TO VACATE OR DESTROY THE BUILDING OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE?	YES	NO
	_____	_____

IF WATER, SEWAGE, ELECTRICITY OR HEAT IS OUT OF SERVICE, EXPLAIN CIRCUMSTANCES: \_\_\_\_\_

IS THERE UNREPAIRED DAMAGE OR HAVE ITEMS BEEN STRIPPED FROM THE BUILDING? IF YES, DESCRIBE: \_\_\_\_\_

IS THE BUILDING FOR SALE? IF YES, DATE PUT UP FOR SALE: \_\_\_\_\_

9. OTHER POLICIES: INDICATE STATUS: (IN FORCE, APPLIED FOR, DECLINED, CANCELLED OR NONRENEWED)

STATUS	DATE	AMOUNT OF INSURANCE	CARRIER	POLICY#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. LIST ALL REAL ESTATE TRANSACTIONS DURING THE LAST 3 YEARS INVOLVING THIS PROPERTY.

DATE	SELLING PRICE	NAME OF SELLER	AMOUNT OF MORTGAGE	MORTGAGEE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OR 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.

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 ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL BE GROUNDS TO RECIND THE INSURANCE POLICY.

SIGNATURE OF PROPOSED INSURED



TITLE

MANAGING AGENT

DATE

7/8/15

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

I hereby **elect** to purchase the federal terrorism insurance coverage for the premium of \$ 694.00

I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

  
\_\_\_\_\_  
Applicant/Named Insured  
Signature

JOEL KRIEGER  
\_\_\_\_\_  
Print Name

7/8/15  
\_\_\_\_\_  
Date

Quote No. 210554  
\_\_\_\_\_  
Policy Number

534 WEST 42nd ST Condominium  
\_\_\_\_\_  
Name of Insurer

# THE BROWNSTONE PROGRAM

**DIRECTORS & OFFICERS LIABILITY SUPPLEMENTAL APPLICATION**  
MAIL TO: BROWNSTONE AGENCY, 32 OLD SLIP, FL. 8, NEW YORK, NY 10005 OR FAX TO: 212.742.7934  
WWW.BROWNSTONEAGENCY.COM

## ASPEN AMERICAN INSURANCE COMPANY Not-For-Profit D&O

DIRECTORS & OFFICERS (D&O) COVERAGE IS PROVIDED ON A CLAIMS MADE BASIS. CLAIMS EXPENSES ARE PAYABLE WITHIN AND NOT IN ADDITION TO THE LIMITS OF LIABILITY CONTAINED IN THE D&O LIABILITY COVERAGE PART. THE LIMITS OF LIABILITY CONTAINED IN THE D&O LIABILITY COVERAGE PART SHALL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY CLAIMS EXPENSES.

1. Name of Applicant:	534 WEST 42nd STREET CONDOMINIUM		
2. Date of incorporation or association established?	2010		
3. Type of Association:	Condo <input checked="" type="checkbox"/>	Co-Op <input type="checkbox"/>	Other <input type="checkbox"/>
(If Other, describe)			
4. Do you currently carry D&O coverage?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
(If No, why not?)			
5. Total number of:	Units 8	Directors 5	Officers 5 Trustees
6. Does a builder, developer, or real estate agent or their representative have:			
a) financial interest in the development?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	(If yes, attach details)
b) representation on the Board of Directors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	(If yes, attach details)
7. Is there an income producing parking garage or lot?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
8. Is the complex being constructed on a phase basis?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
9. How many units were sold at time of application?	7		
10. How many units are owner occupied?	7		

11. Any Commercial Occupancy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(If yes, describe)	1 COMMERCIAL RETAIL UNIT

12. Is there a managing agent or other organization or individual managing the operation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(If yes, describe)	LIVINGSTON MANAGEMENT SERVICES, LLC

13. Has there been any D&O liability or similar insurance losses in the past three years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, attach details)
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14. Has any insurer declined, cancelled, or non-renewed any prior policy or application for D&O liability or similar insurance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, attach details)
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15. Has the organization or any insured person(s) given written notice under the provisions of any prior or current D&O liability insurance of specific facts or circumstances which might subsequently give rise to a claims being made against any insured person(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, attach details)
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16. Does the organization or any insured person(s) know of any instances of construction defects, faulty designs, earth movement, and/or soil subsidence?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, attach details)
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17. Is any person proposed for coverage cognizant of any facts or circumstances that he or she has reason to suppose might afford valid grounds for future claim(s) which indicate the probability of any such claim(s)? It is agreed that if such facts or circumstances exist, any claim or action arising there from is excluded from this proposed coverage:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, attach details)
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18. As part of this application, please attach the most current financial statement, tax return or operating budget for the insured organization.	
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CLAIMS MADE DISCLOSURE STATEMENT

The D&O liability coverage part is written on a claims made basis. The coverage part provides no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated in the coverage part. The coverage part covers only claims actually made against the insured while the coverage part remains in effect and all coverage under the coverage part ceases upon the termination of the coverage part except for the sixty (60) day automatic extended reporting period coverage, unless the insured purchases the three (3) year additional extended reporting period option coverage.

NOTE: Potential coverage gaps may arise upon expiration of the extended reporting period if replacement coverage is not purchased. During the first several years of the claims made relationship, claims made rates are comparatively lower than occurrence rates and the insureds can expect substantial annual premium increases, independent of overall rate increases, until the claims made relationship reaches maturity.

WARNING 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The undersigned declares that to the best of his or her knowledge and belief, the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the organization or its directors, officers or other insured persons to effect insurance. The undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be attached to and form a part of the policy. The company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Signature:   
Title: MANAGING AGENT  
Date Signed: 7/8/15