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 or acts that are 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.

REJECTION OF TERRORISM INSURANCE COVERAGE

YOUR POLICY OR POLICIES WILL CONTAIN AN APPROPRIATE ADDITIONAL CHARGE OR COVERAGE FOR ACTS OF TERRORISM, *AS DEFINED IN THE ACT*. THE FOLLOWING SCHEDULE REFLECTS THESE ADDITIONAL CHARGES BY POLICY.

Type of Policy	Additional Charge
Package or Businessowners (including Excess Liability, if any)	Up to 3.0% (based upon policy / coverage written premium)

THIS COVERAGE WILL BE AUTOMATICALLY APPLIED TO YOUR POLICY OR POLICIES FOR THE

APPROPRIATE ADDITIONAL CHARGE SHOWN UNLESS YOU ELECT TO REJECT THIS COVERAGE BY SUBMITTING THIS COMPLETED AND SIGNED FORM WITH YOUR APPLICATION OR APPLICATIONS.

Reject	**Policy Type**
☐	Package or BOP (including Excess Liability, if any)

As indicated above, I hereby elect to have coverage for terrorist acts, *as defined by the Act,* excluded from the listed policy or policies. I understand that with this exclusion I will have no coverage for terrorist acts, *as defined by the Act*, effective the renewal date of the listed policy or policies. In return, the Company agrees not to apply the additional charge for this coverage to the policy or policies in which this coverage has been excluded.

THE 534 WEST 42ND STREET CONDO & 534 WEST 42ND STREET LLC — **Quote No. 288065**

Named Insured — Policy Number

Applicant's Signature

Print Name

Date

Return to: Argonaut Insurance Company

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 _____

LOCATION OF PROPERTY _____

AMOUNT OF INSURANCE $ _____ APPLICANT IS: [ ] OWNER OCCUPANCY [ ] ABSENTEE OWNER [ ] TENANT [ ] OTHER

OCCUPANCY (S) _____

_____

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?	___	___
2.	ARE ANY MORTAGE PAYMENTS (BUILDING OR CONTENTS) OVERDUE BY 3 MONTHS OR MORE?	___	___
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?	___	___
4.	ARE THERE ANY OUTSTANDING RECORDED VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT THIS LOCATION?	___	___
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?	___	___
6.	IS THE MORTGAGEE OTHER THAN A FEDERAL OR STATE CHARTERED LENDING INSTITUTION?	___	___
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?	___	___
8.	(a) IF THE PROPERTY IS COMMERCIAL, IS MORE THAN 10% OF THE RENTABLE SPACE VACANT, UNOCCUPIED OR SEASONAL?	___	___
	(b) IF THE PROPERTY IS RESIDENTIAL, ARE 5% OR MORE OF THE APARTMENTS VACANT, UNOCCUPIED OR SEASONAL?	___	___
	(c) IS WATER, SEWAGE, ELECTRICITY OR HEAT OUT OF SERVICE?	___	___
9.	OTHER POLICIES:		
	(a) IS THERE ANY OTHER INSURANCE IN FORCE OR APPLIED FOR ON THIS PROPERTY?	___	___
	(b) HAS ANY COVERAGE OR POLICY ON THIS PROPERTY BEEN DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 3 YEARS?	___	___
10.	HAS THIS PROPERTY BEEN UNDER THE OWNERSHIP OF THE APPLICANT FOR LESS THAN 3 YEARS?	___	___

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 _____ DATE _____

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 %

2. MORTGAGE PAYMENTS MORTGAGE _____ 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 _____

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

THE BROWNSTONE PROGRAM

MANAGEMENT LIABILITY/CRIME SUPPLEMENTAL APPLICATION

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

ARGO INSURANCE COMPANY
Not-For-Profit Management Liability/Crime

MANAGEMENT LIABILITY (D&O)/CRIME 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 MANAGEMENT LIABILITY COVERAGE PART. THE LIMITS OF LIABILITY CONTAINED IN THE MANAGEMENT LIABILITY COVERAGE PART SHALL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY CLAIMS EXPENSES.

1. Name of Applicant: _____

2. Date of incorporation or association established: _____

3. Type of Association: ☐ Condo ☐ Co-Op ☐ Other

If Other, describe:

4. Do you currently carry Management Liability coverage? ☐ Yes ☐ No

If No, why not?

5. Total number of: Units _____ Directors _____ Officers _____ Trustees _____

6. Does a builder, developer, or real estate agent or their representative have:

a) Financial interest in the development? ☐ Yes ☐ No
If Yes, attach details

b) Representation on the Board of Directors? ☐ Yes ☐ No
If Yes, attach details

7. Is there an income producing commercial tenant? ☐ Yes ☐ No

If Yes, please provide details.

8. Is the complex being constructed on a phase basis? ☐ Yes ☐ No

9. How many units were sold at time of application? _____

10. How many units are owner occupied? _____

11. Does the Insured have an operating fund and a reserve account (both)? ☐ Yes ☐ No

If Yes, what is the limit on operating account disbursements/transfers? $ _____

If No, please provide details.

12. Is there a managing agent or other organization or individual managing the operation? ☐ Yes ☐ No

If Yes, the independent property management firm handling funds must have a contractual agreement between the two parties defining the property management firm's financial responsibilities. Additionally, the contract must require the property management firm to maintain employee dishonesty coverage. All disbursements by the property manager must be limited to approved budgeted items.

13. Has there been any Management Liability or similar insurance losses in the past three years? If Yes, attach details. ☐ Yes ☐ No

14. Has any insurer declined, cancelled, or non-renewed any prior policy or application for Management Liability or similar insurance? ☐ Yes ☐ No

15. Has the organization or any insured person(s) given written notice under the provisions of any prior or current Management Liability/D&O insurance of specific facts or circumstances which might subsequently give rise to a claims being made against any insured person(s)? If Yes, attach details. ☐ Yes ☐ No

16. Does the organization or any insured person(s) know of any instances of construction defects, faulty designs, earth movement, and/or soil subsidence? If Yes, attach details. ☐ Yes ☐ No

17. Are there any legal actions against the Board or any notices of a claim providing similar insurance or any known facts or circumstances which might give rise to a claim being made against the Insured or any Board member? It is agreed that if such facts or circumstances exist, any claim or action arising there from is excluded from this proposed coverage. If Yes, attach details. ☐ Yes ☐ No

18. Have there been any liens/foreclosure sales on any unit within the last 24 months? If Yes, attach details. ☐ Yes ☐ No

19. Within the last three years, has the Applicant had a negative fund balance? ☐ Yes ☐ No

Are there any special assessments being contemplated? ☐ Yes ☐ No

If Yes, please provide details.

20. Has there been any challenged board election in the last 24 months? ☐ Yes ☐ No

If Yes, please provide details.

CLAIMS MADE DISCLOSURE STATEMENT

The Management 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.

NOTE: Application must be signed by an ELECTED BOARD MEMBER only.

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.

FRAUD WARNING

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.

SIGN AND DATE

APPLICANT'S SIGNATURE	DATE
APPLICANT'S TITLE	

As part of this application, please attach the most current financial statement, tax return or operating budget for the insured organization.

Location: 1
Building: 1

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

MS

Policy Dates: From: 07/07/2018 To: 07/07/2019

Named Insured: THE 534 WEST 42ND STREET CONDO & 534 WEST 42ND STREET LLC

Mailing Address: C/O LIVINGSTON MANAGEMENT 225 WEST 35TH ST, SUITE 1500
NEW YORK NY 10001

Telephone Number: **Fax #:** **E-mail:**

Corp. ☐ **Partnership** ☐ **Individual** ☐ **LLC** ☐ **Other** ☒ **Explain:**

Condo ☒ **Co-op** ☐ **Rental** ☐ **Residence** ☐

Building Address (if different from mailing address): 534 WEST 42ND STREET
NEW YORK NY 10036

DOES THIS LOCATION CONTAIN ANY OF THE FOLLOWING INELIGIBLE RISKS: BED & BREAKFAST; SHORT TERM LEASES; 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? ☐yes ☐no
SECTION 8 HOUSING? ☐yes ☐no IF YES, # OF UNITS:

Number of Residential Units: 7 **# Occupied:** **Does Owner Reside on Premise?** ☐yes ☒no

Mercantile/Commercial Occupancies? ☐yes ☒no **If Yes, is There Cooking?** ☐yes ☐no

Occupancy Description: Vacant **Square Feet** 183

Number of Buildings: **Annual Rental Income:** **(Maintenance Fees if condo/coop)**

Certificate of Insurance on file for mercantile? ☐yes ☐no REQUIRED!

% of Building Occupied:

Building Total Square Footage: 8923 **Year Built:** 2010

Any Vacant Buildings or Lots on Either Side of Your Building? ☐yes ☐no

Construction Type: ☐Frame ☐Brick/Joisted Masonry ☐Non-Combustible ☐Masonry Non-Comb. ☒Fire-Resistive

Is Roof Material Shake or Wood Shingle? ☐yes ☐no
If Yes, Treated with Fire Retardant Material? ☐yes ☐no

Basement Finished? ☐yes ☐no
# of Stories above Basement Level: 9

# of Elevators: **Elevator Maintained by:**
Is Elevator Maintenance Certificate on File? ☐yes ☐no (if yes, provide a copy)

Dead Bolts? ☐yes ☐no **Fire Extinguishers?** ☐yes ☐no **Fire Escapes?** ☐yes ☐no **BX Elec. Wiring** ☐yes ☐no

Intercoms? ☐yes ☐no **Emergency Lighting?** ☐yes ☐no **Circuit Breakers?** ☐yes ☐no **Surveillance Camera(s)** ☐yes ☐no

Smoke Detector in All Units? ☐yes ☐no
Carbon Monoxide Detectors in All Units? ☐yes ☐no
Hard Wired: ☐yes ☐no **Battery?** ☐yes ☐no
If Battery, is There a Battery Replacement Program? ☐yes ☐no

Sprinklers? ☐yes ☐no **% of Building Sprinklered? (describe):**

Central Station Alarm? ☐yes ☐no **Is sprinkler maintained?** _____ **Please provide certificate.**

Burglar Alarm ☐yes ☐no **Central Station Alarm?** ☐yes ☐no

Is There a Garage? ☐yes ☐no **If Yes, Attached?** ☐yes ☐no **Garage Square Footage:**
Is It Used for Commercial Purposes? ☐yes ☐no (if yes, explain):

Are Stairways Steel or Steel Reinforced? ☐yes ☐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:	Is anything currently installed on the roof? ☐ yes ☐no
Windows:	Electrical:	Describe:
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

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

Building	$ 4,000,000
Business Personal Property	$
BPP Theft Deductible	$
Loss Of Rents*	$ 100,000
Household Personal Property	$
Additional Living Expense	$
Inland Marine	$

(*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) $ 50,000 ($5,000 to $500,000 Limit)
☒Building Ordinance (Increased Cost of Construction & Demolition)
☒Back-Up Sewers & Drains ☐$25,000 ☐$50,000 ☐$100,000 ☐$150,000 ☐$250,000 ☒Other $ 500,000
☒Earthquake ☐$25,000 ☐$50,000 ☐$100,000 ☐$150,000 ☐$250,000 ☒Other $ 1,000,000
2% Minimum Deductible Applies
☒Flood ☐$25,000 ☐$50,000 ☐$100,000 ☐$150,000 ☐$250,000 ☒Other $ 1,000,000
☐Outdoor Property Enhancement ($50,000)

Location: 1
Building: 1

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 $ 1,000,000 ($25,000 to $1,000,000 Limit) Ded: $ 5,000
☐ Per Location Aggregate Limit
☒ Non-Owned & Hired Auto Liability* $ 1,000,000 ($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:

Mortgagee Names and Address:

Bill Bank for Financed Premium? ☐ yes ☐ no **Loan#:**

PRIOR CARRIER INFORMATION: NEW PURCHASE ☐

Carrier: ASPEN AMERICAN **Policy #:** BNY0022895-001 **Expiration Date:** 07/07/2018

Limits: **Annual Premium:** 7043.33

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
01/09/2018	PIPE FREEZE.	03/26/2018	8,485	2,000	Closed

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 _____

Signature of Applicant _____ **Date** _____

Applicant's Email _____

Policy Delivery (choose one):

Electronic (by e-mail): ☐
Paper (by mail): ☐

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

IF APPLICABLE

Print Name of Agent/Broker RAMPART BROKERAGE CORP.

Signature of Agent/Broker _____

License # _____ **Date** _____

Address 1983 MARCUS AVENUE, SUITE C130 LAKE SUCCESS NY 11042-5494

Phone 516-538-7000 **Fax** 516-390-3555 **E-mail** _____

Reference #: RES-233127-ELXYP