



ARGO GROUP US

NOTICE OF TERRORISM INSURANCE COVERAGE

**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)
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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 CONDOMINIUM
8 534 WEST 42ND STREET, LLC

Quote No. 288065

Named Insured

Policy Number



Applicant's Signature

Claude Simon

Print Name

July 6, 2018

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 The 534 West 42nd Street Condominium Association																																											
LOCATION OF PROPERTY 534 West 42nd Street, New York, NY 10036																																											
AMOUNT OF INSURANCE \$ <u>\$4,000,000</u>	APPLICANT IS: <input type="checkbox"/> OWNER OCCUPANCY <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> TENANT <input checked="" type="checkbox"/> OTHER																																										
OCCUPANCY (S) Residential/Retail																																											
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 <u>Condo Building</u> PRICE \$ _____	COST OF SUBSEQUENT IMPROVEMENTS \$ _____																																										
ESTIMATED REPLACEMENT COST \$ <u>\$4,000,000</u>	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: <input checked="" type="checkbox"/> REPLACEMENT COST <input type="checkbox"/> REPLACEMENT COST LESS PHYSICAL DEPRECIATION <input type="checkbox"/> FAIR MARKET VALUE (EXCLUSIVE OF LAND) <input type="checkbox"/> OTHER _____																																											
WHO DETERMINED THE VALUE? <u>Broker/Management</u>	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.																																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%;">1. IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR SOLE PROPRIETORSHIP?</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> YES</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>2. ARE ANY MORTGAGE PAYMENTS (BUILDING OR CONTENTS) OVERDUE BY 3 MONTHS OR MORE?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> <tr> <td>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?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> <tr> <td>4. 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(a) IF THE PROPERTY IS COMMERCIAL, IS MORE THAN 10% OF THE RENTABLE SPACE VACANT, UNOCCUPIED OR SEASONAL?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> <tr> <td>(b) IF THE PROPERTY IS RESIDENTIAL, ARE 5% OR MORE OF THE APARTMENTS VACANT, UNOCCUPIED OR SEASONAL?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> <tr> <td>(c) IS WATER, SEWAGE, ELECTRICITY OR HEAT OUT OF SERVICE?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> </tr> <tr> <td>9. 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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 RECIDID THE INSURANCE POLICY.

SIGNATURE OF PROPOSED INSURED

TITLE

DATE

President of the Board

July 6, 2018

INSURED 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 %	
Condominium Building				
2. MORTGAGE PAYMENTS	MORTGAGE	DATE DUE	AMOUNT DUE	
LIST ANY OTHER ENCUMBRANCES: None				
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:	None			

7. LOSSES: LOCATION	534 West 42nd Street	DATE	5/2015	AMOUNT	15,000	DESCRIPTION	Water Leak
			12/2017		\$13,000		Frozen Pipe

8. VACANCY AND/OR UNOCCUPANCY:

INDICATE SEASONAL PERIOD (IF ANY) WHEN BUILDING IS UNUSED: None

FOR APARTMENT BUILDINGS, INDICATE: TOTAL UNITS 8 CONDOS UNOCCUPIED UNITS 0

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 n/a

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

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: No

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

STATUS	DATE	AMOUNT OF INSURANCE	CARRIER	POLICY#
None				

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

DATE	SELLING PRICE	NAME OF SELLER	AMOUNT OF MORTGAGE	MORTGAGEE
None				

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.

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SIGNATURE OF PROPOSED INSURED

Claude Siron

TITLE

President of the Board

DATE

July 6, 2018

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. Tenant of retail unit owner-Phil DiNapoli, La Casa De Cigars(retail cigar store non smoking)
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? \$ None

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? 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
	July 6, 2018
APPLICANT'S TITLE	
President of the Board	

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

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
Condominium		
Named Insured: THE 534 WEST 42ND STREET CONDO & 534 WEST 42ND STREET NYC		
Mailing Address: C/O LIVINGSTON MANAGEMENT 225 WEST 35TH ST, SUITE 1500 NEW YORK NY 10001		
Telephone Number:	Fax #:	E-mail:
Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input 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): 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? <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 Residential Units: 7	# Occupied: 7	Does Owner Reside on Premise? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Mercantile/Commercial Occupancies? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no YES		If Yes, is There Cooking? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Occupancy Description: Vacant Retail Cigar Store No Smoking Square Feet 183		
Number of Buildings: 1	Annual Rental Income: n/a	(Maintenance Fees if condo/coop) \$120,000/year
Certificate of Insurance on file for mercantile? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no REQUIRED!		
% of Building Occupied: 100		
Building Total Square Footage: 8923		Year Built: 2010
Any Vacant Buildings or Lots on Either Side of Your Building? <input type="checkbox"/> yes <input checked="" 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 checked="" type="checkbox"/> no		
Basement Finished? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
# of Stories above Basement Level: 9		
# of Elevators: 1	Elevator Maintained by: Universal Elevator	
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 checked="" type="checkbox"/> yes <input 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If Battery, is There a Battery Replacement Program? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
Sprinklers? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	% of Building Sprinklered? (describe): 100%	
Central Station Alarm? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Is sprinkler maintained? <input type="checkbox"/> yes 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 checked="" type="checkbox"/> no Garage Square Footage:	
Is It Used for Commercial Purposes? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no (if yes, explain):		
Are Stairways Steel or Steel Reinforced? <input checked="" type="checkbox"/> yes <input 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? 0

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

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 n/a Condo

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 a/c compressors, building ventilation fans

Windows: Electrical: Describe:

Plumbing: Other: 2010 Built Building No updates done or required

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

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 \$ 4,000,000

Named Storm Deductible

Business Personal Property \$

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

BPP Theft Deductible \$

Loss Of Rents* \$ 100,000

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

Household Personal Property \$

Additional Living Expense \$

Inland Marine \$

Mysterious Disappearance yes no

Jewelry Furs Fine Arts Silver Musical Instruments Cameras Bicycles

Additional Crime(Fidelity/Employee Dishonesty) \$ 50,000 (\$5,000 to \$500,000 Limit)
Coverages 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)

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 Claude Simon

Signature of Applicant Claude Simon Date July 6, 2018

Applicant's Email csimon@fairlane.biz

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 _____