

PRODUCER CODE SUB-CODE	INSURED/APPLICANT'S NAME AND MAILING ADDRESS (Inc county & ZIP) POLICY NUMBER LOCATION OF PROPERTY IF DIFF THAN ABOVE (Inc county & ZIP) (A) IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR A SOLE PROPRIETORSHIP? IF THE ANSWER IS YES, PLEASE COMPLETE THE OWNERSHIP INFORMATION, SECTION (A), ON THE REVERSE SIDE.
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UNDERWRITING INFORMATION

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, COMPLETE <u>ONLY</u> THE APPROPRIATE QUESTIONS ON THE REVERSE SIDE.			
(B) MORTGAGE PAYMENTS/ TAX LIENS	ARE MORTGAGE PAYMENTS OVERDUE BY THREE MONTHS OR MORE? ARE TAX LIENS AGAINST THIS PROPERTY OR BUSINESS TAXES UNPAID OR OVERDUE FOR ONE YEAR OR MORE?	YES YES	NO NO
(C) VIOLATIONS	ARE THERE ANY CURRENT VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT ANY LISTED LOCATIONS?	YES	NO
(D) CONVICTIONS/ LOSSES	DURING THE LAST TEN YEARS, HAS ANYONE WITH A FINANCIAL INTEREST IN THIS PROPERTY INCLUDING THE MORTGAGEE (IF OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION): --BEEN CONVICTED OF ANY DEGREE OF ARSON, FRAUD, OR OTHER CRIME RELATED TO LOSS ON THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) --HAD ANY FIRE OR EXPLOSION LOSSES EXCEEDING \$1,000 ON THIS OR ANY OTHER PROPERTY?	YES YES	NO NO
(E) LENDER	IS THE LENDER OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION?	YES	NO
(F) VACANCY/ UNOCCUPANCY	IS ANY PORTION OF THE BUILDING VACANT, UNOCCUPIED OR SEASONAL? (IF AN APARTMENT, ARE MORE THAN 10% OF THE RENTAL UNITS UNOCCUPIED?)	YES	NO
(G) OTHER INSURANCE	IS THERE ANY OTHER INSURANCE IN FORCE OR TO BE SECURED ON THIS PROPERTY?	YES	NO

BUILDING INFORMATION

THIS INFORMATION HELPS TO EXPLAIN THE AMOUNT OF INSURANCE SELECTED AT THE TIME OF APPLICATION, BUT DOES <u>NOT</u> DETERMINE THE VALUE AT THE TIME OF LOSS.			
(H) PURCHASE DATE:	IF WITHIN LAST 3 YRS. COMPLETE REAL ESTATE TRANSACTION SECTION (H), ON REVERSE	PURCHASE \$ PRICE	FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME \$
APPROXIMATE COST OF SUBSEQUENT IMPROVEMENTS \$	APPROXIMATE REPLACEMENT COST \$	APPROXIMATE FAIR MARKET VALUE \$ (Exclusive of Land)	
INDICATE THE VALUE USED TO DETERMINE THE AMOUNT OF INSURANCE:	HOW WAS THE INSURANCE VALUE DETERMINED? (Check as Many as Appropriate)	PROFESSIONAL APPRAISER (Attach Copy of Appraisal)	COMPANY APPRAISAL GUIDE; GIVE NAME OF COMPANY:
<input type="checkbox"/> PURCHASE PRICE <input type="checkbox"/> REPLACE COST <input type="checkbox"/> FAIR MKT VALUE	<input type="checkbox"/> BY APPLICANT/INSURED <input type="checkbox"/> BY AGENT/BROKER	OTHER:	

STATEMENT/SIGNATURE

THE PROPOSED INSURED COVENANTS THAT THE INFORMATION PROVIDED ON THIS APPLICATION AND THE MAIN APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE PROPOSED INSURED 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 CIRCUMSTANCE SHALL VOID* ANY POLICY ISSUED.	
*IN NYS-WILL RESCIND THE POLICY	
SIGNATURE OF AGENT/BROKER (Not required in NYS)	SIGNATURE OF INSURED/APPLICANT
COMPANY USE	TITLE OF INSURED/APPLICANT

(A) OWNERSHIP INFORMATION

LIST THE NAMES OF: SHAREHOLDERS OF A CORPORATION, TRUSTEES AND BENEFICIARIES, PARTNERS (INCLUDING LIMITED PARTNERS), AND ALL OTHER OWNERS. ATTACH A SEPARATE SHEET IF NECESSARY.

NAME	ADDRESS	POSITION	INTEREST %

(B) MORTGAGEE	MORTGAGEE		DATE DUE	AMOUNT DUE	OTHER ENCUMBRANCES			
MORTGAGE PAYMENTS/ TAX LIENS/ OVERDUE TAXES	TAX LIEN	OVERDUE TAX	DATE DUE	AMOUNT DUE	TAX LIEN	OVERDUE TAX	DATE DUE	AMOUNT DUE

(C) CODE VIOLATIONS	DATE	DESCRIPTION	DATE	DESCRIPTION

(D) CONVICTIONS	DATE	DESCRIPTION	INDIVIDUAL

LOSSES	DATE	AMOUNT	LOCATION	DESCRIPTION

(E) LENDER	NAME/EXPLANATION

(F) VACANCY/UNOCCUPANCY

SEASON WHEN UNUSED (MM/DD/YY)-(MM/DD/YY)	TOTAL # OF APARTMENT UNITS:	# OF UNOCCUPIED APARTMENT UNITS:
OTHER BUILDINGS, % VACANT (Unoccupied and No Furniture):	OTHER BUILDINGS, % UNOCCUPIED (Furnished but No Residents):	ANTICIPATED DATE OF OCCUPANCY:
REASON FOR VACANCY/UNOCCUPANCY		
HOW IS BUILDING PROTECTED FROM ENTRY?		
IS THERE A GOVERNMENT ORDER TO VACATE OR DESTROY THE BUILDING, OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE?		
ARE ANY UTILITIES OUT OF SERVICE?	IS THERE UNREPAIRED DAMAGE OR HAVE ITEMS BEEN STRIPPED FROM BUILDING?	IS THE BUILDING UP FOR SALE?
EXPLAIN	DESCRIBE	IF YES, DATE LISTED FOR SALE

(G) OTHER INSURANCE

STATUS	DATE	AMOUNT OF INSURANCE	CARRIER	POLICY NUMBER

(H) REAL ESTATE TRANSACTIONS (Last 3 Years) (INCLUDE NAME OF SELLER, SELLING PRICE, AMOUNT OF MORTGAGE, AND MORTGAGEE)

DATE	TRANSACTION	DATE	TRANSACTION