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| 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? | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| IF THE ANSWER IS YES, PLEASE COMPLETE THE OWNERSHIP INFORMATION, SECTION (A), ON THE REVERSE SIDE. | | | |

UNDERWRITING INFORMATION

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| IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, COMPLETE <u>ONLY</u> THE APPROPRIATE QUESTIONS ON THE REVERSE SIDE. | | | |
| (B) | ARE MORTGAGE PAYMENTS OVERDUE BY THREE MONTHS OR MORE? | YES | NO |
| MORTGAGE PAYMENTS/ TAX LIENS | ARE TAX LIENS AGAINST THIS PROPERTY OR BUSINESS TAXES UNPAID OR OVERDUE FOR ONE YEAR OR MORE? | YES | NO |
| (C) | ARE THERE ANY CURRENT VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT ANY LISTED LOCATIONS? | YES | NO |
| (D) | 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): | | |
| CONVICTIONS/ LOSSES | --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.) | YES | NO |
| | --HAD ANY FIRE OR EXPLOSION LOSSES EXCEEDING \$1,000 ON THIS OR ANY OTHER PROPERTY? | YES | NO |
| (E) | IS THE LENDER OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION? | YES | NO |
| (F) | 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) | IS THERE ANY OTHER INSURANCE IN FORCE OR TO BE SECURED ON THIS PROPERTY? | YES | NO |
| LENDER | | | |
| VACANCY/ UNOCCUPANCY | | | |
| OTHER INSURANCE | | | |

BUILDING INFORMATION

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| 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) | IF WITHIN LAST 3 YRS. COMPLETE REAL ESTATE TRANSACTION SECTION (H), ON REVERSE | PURCHASE PRICE \$ | FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME \$ |
| PURCHASE DATE: | | | |
| 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 | | BY APPLICANT/INSURED | |
| <input type="checkbox"/> REPLACE COST | | BY AGENT/BROKER | OTHER: |
| <input type="checkbox"/> FAIR MKT VALUE | | | |

STATEMENT/SIGNATURE

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| <p>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.</p> <p><small>*IN NYS-WILL RESCIND THE POLICY</small></p> | |
| 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 % |
|------|---------|----------|------------|
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| (B) MORTGAGE PAYMENTS/ | MORTGAGEE | | DATE DUE | AMOUNT DUE | OTHER ENCUMBRANCES | |
|---------------------------|-----------|--|----------|------------|--------------------|--|
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| 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 |
|--------------------|------|-------------|------------|
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| (E) LOSSES | DATE | AMOUNT | LOCATION | DESCRIPTION | |
|---------------|------|--------|----------|-------------|--|
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| (E) LENDER | NAME/EXPLANATION |
|---------------|------------------|
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(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? | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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 | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | IF YES, DATE LISTED FOR SALE |

(G) OTHER INSURANCE

| STATUS | DATE | AMOUNT OF INSURANCE | CARRIER | POLICY NUMBER |
|--------|------|---------------------|---------|---------------|
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(H) REAL ESTATE TRANSACTIONS (Last 3 Years) (INCLUDE NAME OF SELLER, SELLING PRICE, AMOUNT OF MORTGAGE, AND MORTGAGEE)

| DATE | TRANSACTION | DATE | TRANSACTION |
|------|-------------|------|-------------|
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