



GREATER NEW YORK INSURANCE COMPANIES

SUPPLEMENTAL APPLICATION - APARTMENTS, COOPERATIVES & CONDOMINIUMS

Applicants Name: _____

Producer: _____

Applicants Address: _____

City: _____

Zip: _____

Apartment: Cooperative: Condominium: Condop

If a Condominium, do the -bylaws require a minimum AmBest rating and financial size category? Yes No If so, what is it? _____

Assisted Living Facility: Yes No Nursing Home Facility: Yes No

Exclusive for over age 55 Yes No If Yes, Please describe in detail _____

Dormitory Style Housing Yes No If Yes, Please describe in detail _____

Other Association/Operation Yes No If Yes, Please describe in detail _____

Seasonal Occupancy Yes No If Yes, Please describe in detail _____

Apartment leases < 12 Months Yes No If Yes, Please describe in detail _____ What is the % of units available < 12 month leases? _____

Submissions must include Condominium Association By-Laws or Declaration w/Insurance Section and (if applicable), Master Deed 4-Years of Currently Valued Loss Runs, and (if Frame or Brick Veneer Construction) a Readable Site Plan including distances between buildings and SOV, which must include square footage of each building & number of units per building.

Has the insured ever acted or do they plan to act as General Contractor or Property Developer? Yes No

Is insured involved in any construction operations? Yes No

If yes, describe: _____

1. No of years under present ownership: _____ No. of Units: _____ Number of Stories: _____ Year Built: _____

2. Number of buildings at this location: _____ Distance between each building: _____ Construction type: _____

3. Square Feet of Each Building: _____ Living Space _____ Basements _____ Garages _____

4. Average monthly Apt Rent/Unit: _____ Average monthly Condo Fee/Unit: _____

Total Annual Rental/Condo Fees _____

5. Are there any Mercantile, Office or Other Occupancies? Yes No Sq. Ft. _____

Describe Occupancies: _____

6. Are any of the building exteriors made of aluminum siding? Yes No

If yes, what is the % of the exterior coverage? _____ %

7. a) If Condominium, is it 100 % Owner-Occupied? Yes No

b) If Condominium, are there any units not occupied by the owner? Yes No # Units _____

c) If Condominium or apartments are there any Vacant Units? Yes No # Units _____

d) If Condominium or apartments are there any Seasonal/Transient Units? Yes No # Units _____

8 If building is over 20 years, indicate when the most recent modernization was completed for each item:

a) Has Heating been updated? Yes No Year _____

b) Has Plumbing been updated? Yes No Year _____

c) Has Wiring been updated? Yes No Year _____

d) Has Roofing been updated? Yes No Year _____

e) If yes, indicate type of work performed on each system: _____

f) Has building been Gut Rehabbed? Yes No Year _____



g) Has building been converted from prior occupancy? Yes No Year ____
h) If yes, describe former occupancy: _____

9. a) Are Circuit Breakers Used Throughout? Yes No
 If Yes to a) above, are the Circuit Breakers Federal Pacific Stab Lok type? Yes No
 (These Breakers have a high Failure Rate.)
 b) Are any Fuse Systems still in use? Yes No
 c) Is there any Branch Aluminum Wiring in the units? Yes No
 If yes, how has it been mitigated? _____
 d) Is Polybutylene Piping used? Yes No
 If yes, how has it been mitigated? _____
 e) Are there any Underground Storage Tanks? Yes No
 If yes, has it been removed, proof, signed off by the City, Building dept. etc. _____

10. a) Are there any Firewalls? Yes No
 b) If Yes, Do Firewalls Penetrate the Roof? Yes No
 c) Do Firewalls or fire barriers, if any, extend from the lowest floor level to the Underside of Roof? Yes No
 d) Indicate construction type and number of Fire Walls or Fire Barriers: _____
 e) Indicate the Total Number of Units over all floors within each fire division: _____
 f) Have the Firewall/Fire Barriers been breached in anyway? Yes No

11. Do any of the buildings have mansard roofs? Yes No
 a) If Yes, is the mansard roof (Check all that apply) on the: Front of Building, Sides, Rear of Building, All sides.
 If Yes, what is the construction Material of the Roof? _____
 If Yes, are there fire stops in the Mansard Roof? Yes No
 If Yes, where are the fire stops and what type: _____
 B) Do any of the buildings have mansard facades? Yes No
 If Yes, what is the Construction material of the façade? _____
 If yes, are there fire stops? Yes No
 If Yes, where are the fire stops and what type: _____

12. Describe Second Means of Egress: 2nd Interior Stairwell _____ Exterior Stairs to Grade _____
Fire Escapes to Grade _____ None _____

13. a) Is building Sprinklered? Fully Partial Yes No % ____
 b) Sprinkler Alarms? Local Central Station Yes No
 c) Fire Alarms? Local Central Station Yes No
 d) Smoke/Fire Detector Alarms? Local Central Station Yes No
 e) Are all Common Areas equipped w/Hard Wired Smoke Detectors w/Battery Backup? Yes No
 f) If not, are the Common Areas at least equipped w/Hard Wired Smoke Detectors? Yes No
 g) Is each Unit equipped w/Hard Wired Smoke Detectors w/Battery Backup? Yes No
 h) If not, is each Unit at least equipped with Battery Operated Smoke Detectors? Yes No
 i) If Battery Operated Detectors, do they have a formal program for battery replacement? Yes No
 j) Is building equipped with Carbon Detectors? Yes No
 k) Emergency Lighting? Yes No
 l) Fire Extinguishers? Yes No
 m) Pull Stations in Hallways/Stairways? Yes No

14. a) Is there a Security Guard on premises? Part Time Full Time Yes No Hours ____
 b) If yes, are the Security Guards armed? Yes No



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- c) Is there a Security System? Yes No
- d) Is there a Superintendent or Manager that resides on premises? Yes No

15. a) Are Contractors Used for Snow Removal/Landscaping? Yes No
- b) If yes, are Certificates of Insurance obtained from all Contractors/Sub-Contractors? Yes No
 - c) Is our Insured named on Contractors Policy as Additional Insured? Yes No
 - d) Are Minimum Limits of Liability required on Contractors' policy? Yes No
 - f) If yes, what are the Minimum Limits of Liability Insurance? _____

16. a) Is there a Swimming Pool on the premises? If yes, how many Pools? Yes No # _____
- b) Is there a Diving Board or Slide? Yes No
 - c) Is Life Saving Equipment present at the pool side? Yes No
 - d) Is pool fenced with a self-closing gate? Yes No
 - e) Is the pool depth clearly marked? Yes No
 - f) Is area surrounding pool made of a non-skid surface? Yes No
 - g) Is use of pool restricted to occupants & guests? Yes No
 - h) Is there a pool cover? Yes No
 - i) Is there an anti-vortex drain? Yes No
 - j) Is the Pool Operated by a Vendor or Contractor? Yes No
 - k) If Yes to Question 16j, is the proper risk transfer in place? Yes No

17. a) Are there any ponds or bodies of water on the premises? Yes No
- b) If so, is there fencing surrounding the pond or body of water on the premises? Yes No
 - c) If not, please submit Pond Supplemental Questionnaire.

18. a) Is there a clubhouse? Yes No
- b) If so, is the clubhouse rented to the General Public? Yes No

19. a) Is there any Playground Equipment? Yes No
- b) If so, describe equipment & surface that playground is on: _____

20. a) What types of Grills are allowed on Decks and Balconies (Check all that are allowed):
- Charcoal Electric Methane Propane
 - b) Are Methane, Electric, Propane Grills operated at least 5 feet horizontally and 5 feet vertically from the nearest building? Yes No
 - c) Are Grills permitted to be used on enclosed or semi-enclosed balconies, decks, areas or porches? Yes No
(Enclosed means surround by walls on at least 3 sides.)
 - d) If charcoal grilling is allowed, is it restricted to designated stationary grilling areas only? Yes No
If yes, what is the distance (in feet) to the nearest building? _____

21. a) Are there any Wood Burning Stoves used on the premises? Yes No
- # Stoves _____
 - If yes, were they installed at the time of construction? Yes No
 - If yes, are they contained in fire safe pre-fab units? Yes No
 - b) Are there Wood Burning Fireplaces in any of the living units? Yes No
 - # Fireplaces _____
 - c) Does the Insured have an Annual Written Policy to Inspect & Annually Clean each and every Fireplace Chimney on Premises? Yes No
 - d) If not, how often are Wood Burning Stoves, Fireplaces and Chimneys required to be cleaned? _____

22. a) Have any of the Insured's Buildings been Damaged by Flood or Mold during the last Five Years? Yes No
- b) If yes, please describe in detail: _____

23. Is the Building listed on the National or Local Register of Historical Places? Yes No
- Details: _____

24. Insured's Website Address: _____



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25. Are Solar Panels Present? Yes No
- a) Does the insured generate electricity using solar panels? Yes No
- b) What is the Kilowatt output of the system? _____
- c) What was the cost of the system? _____
- d) Was the system installed by Solar Energy contractor? Yes No
- e) How does the insured use the electricity generated from the solar panels? _____
- f) Where are the solar panels mounted? Roof _____ Ground _____
- g) How many panels? _____ Manufacturer _____
- h) Who performs Maintenance? _____
- i) Are the solar PV panels UL 1703 certified? Yes No
- j) Protected by AFCI or similar device? Yes No
- k) Are Solar PV Panels circuits protected using fuses to UL 2579 Standard? Yes No

26. Are tanning beds provided by the insured? Yes No

27. Hydrants
- a) Are there public hydrants within 1000' of all buildings? Yes No
- b) If hydrants are private is there a public water supply for these hydrants? Yes No
- c) If private hydrants, are they inspected and flushed annually? Yes No

28. Roof Decks
- a) Are there roof decks? Yes No
- b) Perimeter fencing/walls? Yes No
- c) Restricted access to roof deck? Yes No
- d) What controls in place to monitor and restrict access? _____
- e) Roof deck rules in by-laws or leases? Yes No

29. Does insured have a program or contract in place to remove snow from roofs? Yes No

30. Are the Roofs Flat or Peaked? Flat Peaked

Insured's Signature & Title: _____ Producer's Signature: _____

FRAUD STATEMENT: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DISTRICT OF COLUMBIA FRAUD STATEMENT

WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK FRAUD STATEMENT



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

OHIO FRAUD STATEMENT

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PENNSYLVANIA FRAUD 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 subjects such person to criminal and civil penalties.

VIRGINIA FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE REGARDING THE CIVIL UNION AND EQUALITY ACT

This is to provide notice that, pursuant to the Delaware Insurance Department Domestic/Foreign Insurers Bulletin No. 46, this policy is in compliance with the Delaware Civil Union and Equality Act of 2011, 78 Del. Laws Ch. 22 (2011) (the "Act"). The Act, which becomes effective January 1, 2012, creates a form of legal union between two persons of the same sex who establish a civil union in accordance with the requirements of Delaware law.

The Act provides that parties to a civil union shall have all of the same rights, protections and benefits, and shall be subject to the same responsibilities, obligations and duties, under Delaware law as are granted to, enjoyed by, or imposed upon married spouses. The Act further provides that a party to a civil union shall be included in any definition or use of the terms "dependent", "family", "husband and wife", "immediate family", "next of kin", "spouse", "stepparent", "tenants by the entirety", and other terms, whether or not gender-specific, that denote a spousal relationship or a person in a spousal relationship, as those terms are used throughout Delaware law. For all purposes of Delaware laws that refer to marriage or marital status, other than Chapter 1 of Title 13 of the Delaware Code, parties to a civil union will be included in such reference.

In addition, the Act also automatically recognizes as civil unions, for all purposes of Delaware law, legal unions between two persons of the same sex, such as civil unions, marriages and domestic partnerships that are validly formed in jurisdictions other than Delaware and are substantially similar to Delaware civil unions. The provisions of the Act apply for all purposes of Delaware law, whether derived from statutes, administrative rules or regulations, court rules, governmental policies, common law, court decisions, or any other provisions or sources of law, which includes the Insurance Code and all regulations and bulletins promulgated thereunder.