



SUPPLEMENTAL PROPERTY APPLICATION

DATE (MM/DD/YY)

PRODUCER		INSURED/APPLICANT'S NAME AND MAILING ADDRESS (Inc county & ZIP)			
		POLICY NUMBER	LOCATION OF PROPERTY IF DIFF THAN ABOVE (Inc county & ZIP)		
CODE	SUB -CODE	(A) IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR A SOLE PROPRIETORSHIP?		YES	NO
IF THE ANSWER IS YES, PLEASE COMPLETE THE OWNERSHIP INFORMATION, SECTION (A), ON THE REVERSE SIDE.					

UNDERWRITING INFORMATION

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, COMPLETE ONLY THE APPROPRIATE QUESTIONS ON THE REVERSE SIDE.

(B) MORTGAGE PAYMENTS/ TAX LIENS	ARE MORTGAGE PAYMENTS OVERDUE BY THREE MONTHS OR MORE?		YES		NO
	ARE TAX LIENS AGAINST THIS PROPERTY OR BUSINESS TAXES UNPAID OR OVERDUE FOR ONE YEAR OR MORE?		YES		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.)		YES		NO
	--HAD ANY FIRE OR EXPLOSION LOSSES EXCEEDING \$1,000 ON THIS OR ANY OTHER PROPERTY?		YES		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 NOT 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:
		BY APPLICANT/INSURED	
		BY AGENT/BROKER	OTHER:
PURCHASE PRICE			
REPLACE COST			
FAIR MKT VALUE			

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 LIEN <input type="checkbox"/>	OVERDUE TAX <input type="checkbox"/>	DATE DUE	AMOUNT DUE	TAX LIEN <input type="checkbox"/>	OVERDUE TAX <input type="checkbox"/>	DATE DUE	AMOUNT DUE
TAX LIENS/ OVERDUE TAXES								
(C) CODE VIOLATIONS	DATE	DESCRIPTION			DATE	DESCRIPTION		
(D) CONVICTIONS	DATE	DESCRIPTION			INDIVIDUAL			
	DATE	AMOUNT	LOCATION		DESCRIPTION			
LOSSES								
(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?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE ANY UTILITIES OUT OF SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IS THERE UNREPAIRED DAMAGE OR HAVE ITEMS BEEN STRIPPED FROM BUILDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE BUILDING UP FOR SALE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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