

21 Maple Avenue • Bay Shore, NY 11706 • www.brownyard.com • info@brownyard.com
Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723

NOTE: All Questions Must Be Answered

COMMERCIAL PROPERTY APPLICATION

(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)

1. Named Insured: _____
2. Other Entity/DBA(s): _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
3. ☐ Assoc ☐ Corp ☐ Individual ☐ Joint Venture ☐ LLC ☐ LLP ☐ LTD ☐ Partnership ☐ S-Corp ☐ Sole Proprietor ☐ Trust
☐ Non-Profit ☐ Other: _____
4. Principal: _____ Title: _____
Direct Phone: _____ Email: _____
5. Audit Contact: _____ Title: _____
Direct Phone: _____ Email: _____
6. Mailing Address: _____
NO. STREET CITY STATE ZIP
7. Physical Address: _____
NO. STREET CITY STATE ZIP COUNTY
(*Attach a list if multiple locations)
8. Business Phone: _____ Mobile/Home: _____ Fax: _____
9. Company Email: _____ Website: _____
10. Federal ID Number/FEIN: _____ License Number: _____
11. Policy proposed effective date: _____ Date established: _____
12. How did you hear about us? ☐ Web surfing ☐ Ad in which publication: _____ ☐ Other: _____
13. Total number of employees: _____ Full Time: _____ Part Time: _____
14. Years In Business: _____
15. Please list all locations to insure:

Location	Street, City, State, Zip	Interest	Year Built	Construction	# of Stories
Loc 1:		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant			
Loc 2:		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant			
Loc 3:		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant			

16. Description of Operations/Services/Occupancy (ex: barbershop, nail salon, office, etc.)(If more than 3 locations, attach a separate sheet):

Location 1:	
Location 2:	
Location 3:	

17. Please check off applicable items per location:

Location	Burglar Alarm	Fire Alarm	Sprinkler
Loc 1:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Loc 2:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Loc 3:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

18. BUILDING IMPROVEMENTS (Fill in Year of Latest Update):

Location 1: _____ Roof _____ Plumbing _____ Wiring _____ Heating _____ Other: _____	Location 2: _____ Roof _____ Plumbing _____ Wiring _____ Heating _____ Other: _____	Location 3: _____ Roof _____ Plumbing _____ Wiring _____ Heating _____ Other: _____
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19. PROPERTY LIMITS & COVERAGE (requested coverage limits) appraised value:

Coverage	Loc 1	Loc 2	Loc 3	Deductible	Coinsurance	Cause of Loss	Valuation
Building	\$	\$	\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	SPECIAL	R/C
Contents	\$	\$	\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	SPECIAL	R/C
Business Income	\$	\$	\$	N/A	N/A	SPECIAL	N/A
Signs	\$	\$	\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	N/A	SPECIAL	R/C

If other coverages are needed, please list coverages & limits (ex: Tenant Glass, Property in Transit, etc):

20. PRIOR CARRIER INFORMATION:

Year	Carrier	Coverage (GL, Prop, etc)	Annual Premium
			\$
			\$
			\$

21. Have you ever been cancelled or non-renewed in the last 3 years? ☐ Yes ☐ No If yes, please explain why:

22. LOSS INFORMATION (Past 3 Years):

Date of Loss	Type of Loss (Prop/GL)	Description of Loss	Amount Paid
			\$
			\$
			\$

23. ADDITIONAL INTEREST (List Name & Address of Mortgagee or Loss Payee):

Loc 1:	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee	Name: Address:
Loc 2:	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee	Name: Address:
Loc 3:	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee	Name: Address:

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL

- **BROKERS:** To submit complete application, please email PDF to info@brownyard.com
- **INSUREDS:** Please save & share with your insurance agent/broker