

<b>First Named Insured:</b>	<u>Kew Garden Property Inc</u>	<b>Inspection Contact:</b>	<u>John Michael Doe</u>
<b>Business Website:</b>	<u>www.KewGardenProperty.com</u>	<b>Inspection Email:</b>	<u>john@KewGarden.com</u>
<b>Effective Date:</b>	<u>01 / 01 / 2025</u>	<b>Inspection Phone:</b>	<u>555-12-34567</u>

## SECTION I - PROPERTY OWNERSHIP AND MANAGEMENT

### PROPERTY OWNERSHIP

**1. Does any Named Insured:**

Act now, or in the past, as a developer, contractor, construction manager, or similar profession related to construction? ..... ☐ Yes ☒ No

Perform real estate sales, property management, maintenance, consulting, or advisory services for properties they do not own? .... ☐ Yes ☒ No

Own other commercial, industrial, or residential properties that are not included in this submission? ..... ☐ Yes ☒ No

**2. In the past five years, has any Named Insured:**

Had an insurance company cancel, non-renew, decline, or refuse to quote coverage for any locations in this submission? ..... ☐ Yes ☒ No

Carried property or liability insurance with a non-admitted insurance carrier for any locations in this submission? ..... ☐ Yes ☒ No

Had, or currently has pending, a foreclosure, bankruptcy, repossession, judgement, or delinquency in paying taxes? ..... ☐ Yes ☒ No

**3. Were any evictions filed in the last 2 years or are there any planned, ongoing, or scheduled evictions in the next 12 months? .....** ☐ Yes ☒ No

**Provide full details for every "Yes" response above:** *(Attach additional pages if needed. Checking "Yes" will not automatically disqualify submissions.)*

**4. How long has Named Insured been in business as a property owner? .....** 10 years

**5. Do all locations and Named Insured entities share at least 51% common ownership? (Check "yes" if only 1 entity and location).....** ☐ Yes ☒ No

### MANAGEMENT PRACTICES *(Selections may affect eligibility and/or pricing. Additional documentation may be requested)*

**1. Does Named Insured perform background checks on all prospective tenants? .....** ☐ Yes ☒ No

If yes, which reports are included with every background check? (Check all that apply)

☐ Nationwide Sex Offender Registries    ☐ Nationwide Criminal History    ☐ Credit History    ☐ Evictions    ☐ Employment Verification

☐ Personal/One-On-One Interviews    ☐ Personal References    ☐ Other: \_\_\_\_\_

**2. Does the lease or By-Laws require the residents to carry Liability Insurance with at least \$100,000 limits? .....** ☐ Yes ☒ No

**3. Does an Owner, Manager, or Superintendent live full-time on the premises? .....** ☐ Yes ☒ No

**4. Are tenants permitted to sublet or lease their apartment units as seasonal or short-term rentals to others? (AirBnB, VRBO, etc.).....** ☐ Yes ☒ No

### PROPERTY MANAGEMENT FIRM - ☐ NO PROPERTY MANAGEMENT FIRM HIRED BY NAMED INSURED – SKIP TO SECTION II

**1. Name of Property Management Company:** Kew Garden Property Inc

**2. How long has the Property Management Firm managed the location(s) provided in this application? .....** \_\_\_\_\_ years

## SECTION II – POLICY-LEVEL COVERAGES

### HIRED AND NON-OWNED AUTO COVERAGE - ☐ COVERAGE REJECTED – SKIP TO QUESTION B.

**1. How often are hired and non-owned autos used in the Named Insured’s business? .....** ☐ Daily    ☐ Weekly    ☐ Monthly    ☐ Rarely

**2. Are any vehicles rented or borrowed for use in the business other than private passenger vehicles or light trucks? .....** ☐ Yes    ☐ No

**3. Does Named Insured require employees to have personal auto liability insurance with at least \$100K/\$300K/\$50K limits? .....** ☐ Yes    ☐ No

**4. Does Named Insured ever rent or hire vehicles that include a driver? .....** ☐ Yes    ☐ No

**5. Does Named Insured obtain motor vehicle records for all employee drivers? .....** ☐ Yes    ☐ No

**6. Number of Employees for all locations (excluding owners, contractors, and hired property management firms): .....** \_\_\_\_\_

### SECTION III - LOCATION – LEVEL INFORMATION

**Instructions:** Complete one copy of Section III (two pages) for each location submitted for coverage. **Section III is not required when providing a complete Aspyre SOV for all insured locations.**

☐ **ASPYRE SOV INCLUDED FOR ALL COVERED LOCATIONS - SKIP TO SECTION IV**

**LOCATION ADDRESS:** 123-05 84th Avenue Kew Gardens, NY 11415

**YEARS LOCATION OWNED:** 72

**OCCUPANCY:** ☐ APARTMENTS (☐ includes Mixed-Use) ☐ COOPERATIVE (☐ includes HDFC) ☐ CONDOMINIUMS ☐ CONDOP ☐ OTHER

#### RESIDENTIAL OCCUPANTS

**TOTAL NUMBER OF RESIDENTIAL UNITS:** 25

**Advise the number of residential units present for each category. These should add up to the total number of residential units indicated above.**

Market Rate/General Housing:	Elderly or Disabled Housing:	Owner-Occupied:
Vacant, Unoccupied, or Unsold: 10	Student Housing:	
Short-Term (Nightly/Weekly/Monthly) Use:	Single Room Occupancy (SRO):	

#### PROPERTY INFORMATION

Building Limit:	\$ 15,000,000	BPP Limit:	\$ 5,00,000
Annual Rents and Fees:	\$	Property Deductible:	\$ 5,000
Flood Coverage:	\$ 5,00,000	Flood Deductible:	\$ 25,000
Earthquake Coverage:	\$ 10,00,000	Earthquake Deductible:	\$ 50,000
Ord/Law Blanket Limits:	\$ (Blanket B+C, Cov. A Included)	Water Backup Coverage:	\$
Year Built:	1952	Total Building Area:	45,000 Sq Foot
Number of Stories:	5 (Excluding underground parking)	% Exterior EIFS Cladding:	<input type="checkbox"/> Check if No EIFS Present
Construction Type:	(FRAME, JM, NC, MNC, MFR, FR)	# of Elevators Present:	<input type="checkbox"/> Check if None Present

#### BUILDING SYSTEMS

**Provide the years the building systems below were updated. If not totally replaced, advise year of most recent inspection of the system's integrity.**

BUILDING SYSTEM	YEAR OF MOST RECENT UPDATE	YEAR OF MOST RECENT INSPECTION BY QUALIFIED CONTRACTOR
Roof Update Year:	AND <input type="checkbox"/> Check if Total Replacement	AND <input type="checkbox"/> Check if No Outstanding or Pending Repairs
HVAC Update Year:	AND <input type="checkbox"/> Check if Total Replacement	AND <input type="checkbox"/> Check if No Outstanding or Pending Repairs
Electrical Update Year:	AND <input type="checkbox"/> Check if Total Replacement	AND <input type="checkbox"/> Check if No Outstanding or Pending Repairs
Plumbing Update Year:	AND <input type="checkbox"/> Check if Total Replacement	AND <input type="checkbox"/> Check if No Outstanding or Pending Repairs
Gut Renovation Year:	(Enter "N/A if not performed)	

Describe the updates and repairs made (if not totally replaced) for all criteria above where a year was indicated:

#### A. ELECTRICAL WIRING - Check all that are present including partial or inactive electrical wiring or fixtures:

☐ Knob and Tube Wiring ☐ Aluminum Wiring ☐ Copper Wiring ☐ Fuses/Fusebox ☐ Circuit Breakers ☐ Other: \_\_\_\_\_

Does electrical have Federal Pacific Stab-Lok Breakers or Zinsco/Zinsco-Sylvania Systems present? ..... ☐ Yes ☐ No

#### B. PLUMBING - Check all that are present including partial or inactive plumbing or fixtures:

☐ Copper ☐ PVC ☐ PEC ☐ Galvanized Steel ☐ Lead/Lead Lined ☐ Polybutylene ☐ Other: \_\_\_\_\_

#### C. HEATING & AIR CONDITIONING - Check all that are present:

☐ Wood-burning Fireplaces ☐ Wood or Pellet Stoves ☐ Boiler ☐ Heating Oil – Underground Storage Tank ☐ Natural Gas ☐ Central Air

#### AMENITIES AND SERVICES

Clubhouses, Gyms, (#):	Community Centers (#):	Sports Courts (#):	Parks/Playgrounds (#):
Swimming & Wading Pools (#):	Hot Tubs & Spas (#):	Diving Boards (#):	Saunas (#)

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true (including Statements of Value, appraisals, photos, etc.) and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy.

**NOTICE TO APPLICANTS:** Any person who knowingly and with 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 and subjects that person to criminal and civil penalties.

**NEW YORK 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 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.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Must be signed by an active owner, partner, or executive officer)

**APPLICANT'S NAME AND TITLE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S NAME:** \_\_\_\_\_