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Property Insurance Application

NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

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**PROPERTY INSURANCE
APPLICATION**

1. Name of Insured _____

2. Mailing Address:

Street _____ County _____

City _____ Phone # _____

State _____ Zip _____ Fax # _____

Person to Contact for Inspection _____ Phone# _____

3. Insured is: Individual Partnership Corporation, for profit Corporation, nonprofit
 Trust LLC

4. Current Property Insurance:

Insurance Company: _____ Expiration Date _____ Premium _____

5. Have there been any losses in the last five years? Yes No If yes, list below:

Description of loss	Date of Loss	Amount Paid or Reserved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Has any company cancelled or declined to renew insurance? Yes No (Not applicable to Missouri applicants)

If yes, please explain.

7. Number of locations: _____ Attach Location Description for each location to be insured. (See page 2 of application)

LOCATION DESCRIPTION

Provide the following information for each location to be insured. Photocopy if necessary.

8. Premises location (include county): _____

9. Full name and complete address of:

Mortgagee _____

Loss Payee _____

10. Description of operations at this location.

11. Construction: Frame Joisted Masonry Non-Combustible Other _____

Condition of Building _____ # of Stories _____ Wood Shake Roof? Yes No

Miles to Fire Station _____ Feet to Fire Hydrant _____ Distance from Ocean/Gulf _____

Year Built _____ Dates of Upgrades (if over 15 years) Wiring _____ Heating _____ Plumbing _____ Roof _____

Protection Class _____ Total Area _____ Insured's Area _____

Protection Equipment & Services in Operation:

Automatic Sprinklers Yes No Smoke / Fire Alarms Yes No

Burglar Alarms Yes No Watchman Yes No

12. Coverage & Limits for Each Location:

Building # _____ \$ _____ Coinsurance _____% Deductible _____ Causes of Loss Special

Personal Property of Insured \$ _____ Coinsurance _____% Deductible _____ Causes of Loss Special

Business Income \$ _____ % Coinsurance (50% min.)

Extra Expense \$ _____

Valuable Papers \$ _____

Accounts Receivable \$ _____

Exterior Signs \$ _____

Minicomputer / EDP (100% Coinsurance) Hardware \$ _____ Software \$ _____ Extra Expense \$ _____

(attach schedule)

Glass (attach schedule) Yes No

Replacement Cost Building Yes No

Pers. Prop. Yes No

Money and Securities Coverage Yes No If yes, provide limits Inside \$ _____

(attach Acord crime application)

Outside \$ _____

This application does not bind you nor us to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

ANY FRAUD WARNINGS CONTAINED IN THIS APPLICATION DO NOT APPLY TO NEBRASKA OR VERMONT APPLICANTS.

FRAUD WARNING:

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.

FRAUD WARNING (APPLICABLE IN COLORADO):

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

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.

FRAUD WARNING (APPLICABLE IN VIRGINIA):

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.

FRAUD WARNING (APPLICABLE IN THE STATE OF NEW YORK):

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.

SIGNATURE: _____ TITLE: _____
(Must be signed by the Executive Director)

(Please print or type name) DATE: _____

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

Please retain a copy of the completed application. A copy with the required signature must be returned to our office.

PRODUCER: Will you make the surplus lines filing for this policy? ___Yes ___No
Your Surplus Lines License Number _____ ()