



103 Eisenhower Parkway, Suite 101, Roseland, NJ 07068  
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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

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.

**NOTICE**

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURANCE INSOLVENCY FUND ARE NOT AVAILABLE.

**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.

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

\_\_\_\_\_  
(Please print or type name) DATE: \_\_\_\_\_

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 \_\_\_\_\_ ( )