

NEGLEY
ASSOCIATES
INSURANCE SERVICES

388 Pompton Avenue, P.O. Box 206, Cedar Grove, NJ 07009
1-800-845-1209 • (973) 239-9107 • Fax: (973) 239-6241
www.jjnegley.com

PROPERTY APPLICATION

NOTICE

- 1. THE INSURANCE POLICY THAT YOU HAVE PURCHASED IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

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1. Applicant's Name _____

2. Mailing Address _____

Phone Number _____ Name of Contact for Inspection _____

Fax # _____ E-mail _____ Website _____

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

4. Present Carrier _____ Expiration Date _____ Premium _____

5. Have there been any losses in the last five years? If yes, list below:

Type of Property, Income or Expense	Peril or Cause	Date	Amount
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6. Explain, if during the past 5 years, any insurance carrier has cancelled or declined to renew any insurance coverage applied for in this application. _____

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

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.

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 of Executive Director _____ / _____ Date _____

Please print or type name

PRODUCER: Will you make the Surplus Lines filing for this policy? Yes No

Your Surplus Lines License Number _____ ()

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 and 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 crime application) Outside \$ _____