

**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](http://www.jjnegley.com)

# PROPERTY APPLICATION

## NOTICE TO CALIFORNIA INSURED

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 lines” 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 lines insurers approved by the Insurance Commissioner. Ask your agent or broker if the insurer is on the 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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**PROPERTY APPLICATION**

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 \$ \_\_\_\_\_