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**Submitted By:**  
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 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact: \_\_\_\_\_  
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 E-Mail: \_\_\_\_\_  
 GNY Broker Code: \_\_\_\_\_

# “Brite” Real Estate & Hospitality Umbrella Program Application for Insurance & Purchasing Group Membership - GNY

## Applicant Information & General Information Section

Applicant name: \_\_\_\_\_

Mailing address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Limits:  \$1MM  \$2MM  \$3MM  \$5MM  \$7MM  \$10MM  \$15MM  \$20MM  \$25MM  \$50MM  \$100MM

Web site address: [www.\\_\\_\\_\\_\\_](http://www._____)

Insured is:  Apartment  Condominium association  Cooperative

## Ratable Exposures Section – General Liability & Liquor Liability

*Blanks and "N/A" will be interpreted as "0."*

### Habitational Section

# Apartment units - In bldgs. 1 - 3 stories: \_\_\_\_\_

# Apartment units - In bldgs. 4 – 7 stories: \_\_\_\_\_

# Apartment units - In bldgs. 8 or more stories: \_\_\_\_\_

# Condo. / co-op units - In bldgs. 1 - 3 stories: \_\_\_\_\_

# Condo. / co-op units - In bldgs. 4 – 9 stories: \_\_\_\_\_

# Condo. / co-op units - In bldgs. 10 or more stories: \_\_\_\_\_

# Single-family home HOA/PUD/POA units: \_\_\_\_\_

### Miscellaneous Section

Insured's office square footage: \_\_\_\_\_

# Acres vacant land: \_\_\_\_\_

# Boat slips: \_\_\_\_\_

### Pool Section

# Pools: \_\_\_\_\_

# Diving boards: \_\_\_\_\_

# Pool slides: \_\_\_\_\_

### Commercial Section

Commercial – Retail square footage: \_\_\_\_\_

Commercial – Office square footage: \_\_\_\_\_

Commercial – Warehouse / storage sq. footage: \_\_\_\_\_

Commercial – Light Industrial square footage: \_\_\_\_\_

### Food & Beverage Section

Liquor sales: \$ \_\_\_\_\_

Food sales: \$ \_\_\_\_\_

Any commercial condominium exposure?  Yes  No

## Ratable Exposures & Information Section – Automobile Liability

*Blanks and "N/A" will be interpreted as "0."*

Vehicle Type:	# Units:	Describe Use:	Notes:
PPTs			This category includes SUVs and non-commercial "pick-up" trucks.
Light			This category includes vehicles 0–10,000 lbs., 1-8 passenger vans, and commercial "pick-up" trucks.
Medium			This category includes vehicles 10,001-20,000 lbs. and 9-20 passenger vans.
Livery (<14)			This category includes livery vehicles that contain 14 or less passengers.
Livery (15+)			This category includes livery vehicles that contain 15 or more passengers.
Busses (20+)			This category is limited to busses that contain more than 20 passengers.
Other:			Describe:

**Please provide us with a list of the vehicles, along with their makes, models, and a note regarding whether they are registered commercially.**

**Automobile Information Section**

1. Is there a valet service? (If "Yes," please complete our "Valet Supplemental.") 1.  Yes  No  
 2. Are any transportation services provided by Applicant? 2.  Yes  No

**Expiring Umbrella Section**

**Current Umbrella** Carrier: \_\_\_\_\_ Limit: \$ \_\_\_\_ MM Premium: \$ \_\_\_\_\_

**Named Insureds & Insured Locations Section**

Please complete the attached electronic "Schedule - Named Insureds" and "Schedule - Insured Locations." These schedules become a material part of the application for insurance.

**Loss Experience Section – Policy Year Aggregate Losses**

Blanks and "N/A" will be interpreted as "0."

- New purchase or new construction. Hence, no claims information available. Please move on to the next section.  
 No claims in past five (5) years. Please move on to the next section.

For each year, please indicate the "Incurred" losses (i.e. - Paid + Reserved).

	Current Year:		First Prior:		Second Prior:		Third Prior:		Fourth Prior:	
	# Claims:	Incurred:	# Claims:	Incurred:	# Claims:	Incurred:	# Claims:	Incurred:	# Claims:	Incurred:
<b>General Liability</b>		\$		\$		\$		\$		\$
<b>Automobile Liability</b>		\$		\$		\$		\$		\$
<b>Liquor Liability</b>		\$		\$		\$		\$		\$
<b>D&amp;O / EPLI</b>		\$		\$		\$		\$		\$

Note: Three years of loss runs are required, but aggregate loss information must be summarized above. Please do not write "See Attached" in the fields above.

1. Have there been any mold claims (liability) made against the insured in the past three (3) years? 1.  Yes  No  
 2. Have there been any lead claims made against the insured in the past three (3) years? 2.  Yes  No

**Underlying Insurance Program Section**

Blanks and "N/A" will be interpreted as "0."

Policy Type:	Insurer & Policy #:	Limits:	Premium:	Policy Period:
General Liability	Insurer: _____ Pol. #: _____	__ MM Per Occurrence __ MM Annual Aggregate __ MM Prod. / Comp. Ops Aggregate	\$ _____	__ / __ / __ - __ / __ / __
Automobile Liability / H&NO Auto. Liab.	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__ / __ / __ - __ / __ / __
Employers Liability	Insurer: _____ Pol. #: _____	__ K / __ K / __ K	\$ _____	__ / __ / __ - __ / __ / __
Liquor Liability	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__ / __ / __ - __ / __ / __
D&O / EPL Liability	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__ / __ / __ - __ / __ / __
Other:	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__ / __ / __ - __ / __ / __
Other:	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__ / __ / __ - __ / __ / __

**Underlying Policy Questions**

1. Does the primary Automobile Liability or General Liability policy cover Hired & Non-Owned Automobile Liability?  Yes  No

## Contractor & Construction Section

1. Does Applicant obtain written contracts from contractors doing *significant* work on the Applicant's premises? 1.  Yes  No
- If "Yes," under those contracts, is Applicant...
- (a) Held harmless by said contractors? 1. (a)  Yes  No
- (b) Indemnified for the acts of said contractors? 1. (b)  Yes  No
- (c) Provided Additional Insured status under said contractors' liability insurance policies? 1. (c)  Yes  No
- (d) Provided "certificates of Insurance" evidencing that said contractors have at least \$1MM of liability insurance? 1. (d)  Yes  No
2. Are any of the buildings on the schedule currently under construction (*beyond build-out, repair and/or maintenance*)? 2.  Yes  No

## Miscellaneous Exposures Section

1. Are all buildings at least 75% occupied? 1.  Yes  No
2. Does Applicant have armed security guards? 2.  Yes  No
3. Do any locations contain day care centers? 3.  Yes  No
4. Are there any other exposures of which we should be aware? (e.g. – golf courses, equestrian exposures, skate parks, aviation exposures, etc.) If "Yes," please provide details: \_\_\_\_\_ 4.  Yes  No

## Marine Exposures Section

- Does Applicant have any lakes, ponds, or dams on its premises or for which it is responsible? 1.  Yes  No

## Life Safety Section

1. Do any buildings contain aluminum wiring? 1.  Yes  No
2. Buildings with interior corridors (NFPA 101 questions)  Not applicable – Buildings do not have interior corridors.
- (a) Do corridors contain lighted exit signs and emergency lighting that illuminates means of egress? 2. (a)  Yes  No
- (b) Are the emergency lighting systems tested at least once (1x) annually? 2. (b)  Yes  No
- (c) Are exit signs clearly marked? 2. (c)  Yes  No
- (d) Are there two (2) means of egress per floor? 2. (d)  Yes  No
- (e) Are all exit doors unlocked and unobstructed? 2. (e)  Yes  No
- (f) Do all stairwells contain self-closing fire doors? 2. (f)  Yes  No
3. Internal stairwell questions  Not applicable – None of Applicant's buildings have internal stairwells.
- (a) Do all buildings contain at least two (2) fire towers with self-closing U.L. Class B fire doors? 3. (a)  Yes  No
- (b) Do all interior stairwells contain emergency lighting? 3. (b)  Yes  No

## High-Rise Buildings Section (Buildings in Excess of 7 Stories)

*Only complete this section if there are buildings on the schedule in excess of 7 stories.*

1. Fire alarm questions
- (a) **Automatic fire detection system** questions -
- (i) Is there an automatic fire detection system which transmits to a central station, fire station, or police station? 1. (a) (i)  Yes  No
- (b) **Manual fire alarm** questions –
- (i) Do all buildings contain manually-operated fire alarms on each floor? 1. (b) (i)  Yes  No
- (ii) Does an audible or visual fire alarm sound or light on each floor once an alarm is activated? 1. (b) (ii)  Yes  No
- (iii) Does the alarm transmit to a central station, fire station, or police station or 24-hour doorman / watchman? 1. (b) (iii)  Yes  No

2. Is there a restaurant on the top floor or below ground level in any building? 2.  Yes  No
- If "Yes" –
- (a) Is the restaurant 100% sprinklered? 2. (a)  Yes  No
- (b) Does the restaurant comply with all fire and life safety codes? 2. (b)  Yes  No

## Pools Section

- Not applicable – Applicant does not have a pool.
1. Are all pool areas 100% fenced or have the functional equivalent thereof (e.g. – in the case of indoor pools, four walls restricting access similar to a fence)? 1.  Yes  No
  2. Are all doors or gates leading into pool areas equipped with self-closing/latching mechanisms? 2.  Yes  No
  3. Are the aforementioned self-closing/latching mechanisms in good working order? 3.  Yes  No
  4. Can the pool area be directly accessed from any unit or room? 4.  Yes  No
  5. Are all means of ingress and egress to the pool area controlled by doors or gates? 5.  Yes  No
  6. Are all doors or gates leading into pool areas locked at night? 6.  Yes  No
  7. Do all pool areas contain "Swim At Your Own Risk" signs, posted rules, and depth markers? 7.  Yes  No
  8. Are the hours of operation posted? 8.  Yes  No
  9. Are there any diving boards? 9.  Yes  No
  10. Are there any slides? 10.  Yes  No
  11. Are there any other water features, such as "lazy rivers," wave pools, water parks, etc.? 11.  Yes  No
  12. Are members of the public permitted to use the pool or purchase pool memberships? 12.  Yes  No
  13. Are children permitted to swim in the pool unsupervised? 13.  Yes  No
  14. Are there lifeguards at all times the pool is open? 14.  Yes  No
  15. Do all pools contain anti-vortex / anti-entrapment drain covers in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? 15.  Yes  No

## Community Associations Section

*Only Applicants with community association exposures should complete this section (e.g. – condominium associations or cooperatives).*

### Directors & Officers Liability Sub-Section

1. Has Applicant had more than one D&O claim in the last three (3) years? 1.  Yes  No
2. Has Applicant been in existence for less than one (1) year? 2.  Yes  No
3. Is the developer on the board of directors? 3.  Yes  No
4. Is the occupancy rate less than 75%? 4.  Yes  No
5. Is there a negative fund balance? (Fund Balance = Total Assets – Total Liabilities) 5.  Yes  No

### Miscellaneous Sub-Section

1. Is the owner-occupancy rate 75% or less? 1.  Yes  No  
 (a) If "Yes," what percentage of the units is rented? 1. (a) \_\_\_\_\_ %
2. Is the property 100% built-out? 2.  Yes  No  
 (a) If "No," what percentage of the property is "built-out"? 2. (a) \_\_\_\_\_ %
3. Are at least 90% of the units sold? 3.  Yes  No  
 (a) If "No," what percentage of the units are sold? 3. (a) \_\_\_\_\_ %
4. Does Applicant have written by-laws? 4.  Yes  No
5. Does Applicant have any hotel or hotel-like operations or exposures? 5.  Yes  No

## Underwriting Rules Section - Applicant's Warranties & Prohibited Exposures

*Please check one box below.*

**APPLICANT WARRANTS AND CONFIRMS THAT ALL OF THE FOLLOWING STATEMENTS ARE TRUE:**

The following statements are not true:

1. Inspections

Either the underlying, General Liability carrier has inspected all properties insured by this Umbrella within the past three years or Greater New York Insurance Companies will inspect all properties insured by this Umbrella within sixty (60) days of the inception date of this Umbrella.

2. Underlying Insurance

- (a) One of the Greater New York Insurance Companies is the carrier for the underlying General Liability policy.
- (b) None of the underlying policies provide Personal Liability coverage to Applicant (e.g. – Personal Automobile Liability coverage, Homeowners Liability coverage, etc.)
- (c) With regards the underlying General Liability Policy:
  - (i) The defense costs are outside the limits of liability;
  - (ii) The aggregates apply on a “per location” basis, if the insured own more than one location;
  - (iii) The policy does not contain an SIR or a deductible; and,
  - (iv) The aggregate is not capped

3. Loss Control Recommendations

None of the properties to be insured by this Umbrella have any outstanding mandatory (a.k.a. - “critical”) loss control recommendations.

4. Statutes, Building Codes & Ordinances

All of the properties to be insured by this Umbrella comply with property statutes, local and state ordinances, and building codes.

5. Smoke detectors

- (a) All residential units contain functioning smoke detectors.
- (b) All buildings with battery-powered smoke detectors have annual maintenance programs to ensure proper functioning.

6. Underlying Policy Requirements

- (a) If purchased by Applicant, the following underlying policies are written on an Occurrence-form basis: General Liability; Automobile Liability; and, Employers Liability.
- (b) If purchased by Applicant, the following underlying policies are written on a Claims-Made-form basis: Directors & Officers Liability; Employee Benefits Liability.

7. Prohibited Exposures – Part 1

None of the properties to be insured by this Umbrella contain any of the following exposures:

- |  |  |
|--|--|
| (a) <u>Subsidized</u> or <u>low-income</u> housing                         | (i) <u>Dams</u> or <u>beaches</u>  |
| (b) <u>Rooming</u> or <u>boarding</u> houses                               | (j) <u>Lakes</u> or <u>ponds</u> used recreationally   |
| (c) <u>Single Room Occupancy</u> (SRO)                                     | (k) <u>Student</u> housing or dorms  |
| (d) <u>Handicapped</u> / <u>disabled</u> housing                           | (l) Buildings where <u>more than 20%</u> of the units are rented by <u>students</u>              |
| (e) <u>Rehabilitation</u> facilities                                       | (m) <u>Senior</u> housing (“Active adult” communities are permissible)                           |
| (f) <u>Hotel-like</u> exposures  | (n) <u>Short-term</u> rentals  |
| (g) <u>Docks</u> , <u>piers</u> , <u>boat slips</u> , or <u>watercraft</u> | (o) <u>Hospitals</u> or <u>surgery centers</u>   |
| (h) <u>Marinas</u> or marina exposures                                     | (p) <u>Nursing homes</u> , <u>extended care</u> facilities, or <u>assisted living</u> facilities |

8. Prohibited Exposures – Part 2

Applicant does not / is not:

- (a) Have any subsidiaries with operations or any operations that are different than those presented in the application;
- (b) Owned or operated by nonprofit entities (e.g. – locations for the elderly or infirm owned or operated by religious or charitable organizations);
- (c) Own or operate buildings at which meals are served to residents;
- (d) Own or operate any business or location not related to the ownership or management of habitational or income-producing properties?
- (e) Rent units or permit its unit owners to rent to “spring breakers.”

*Please note that the answers to certain questions on this application may trigger the need for supplemental applications to be completed.*

## Uninsured & Underinsured Motorists Liability Coverage Options Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will be surcharged \$50,000.00 for this coverage.

## Terrorism Liability Options Selector

- I decline to purchase Terrorism Risk Insurance Act ("TRIA") Liability coverage. I understand that I or the organization which I represent will have no coverage for losses arising from acts of terrorism.
- I would like to purchase Terrorism Risk Insurance Act ("TRIA") Liability coverage. I understand that I or the organization which I represent will be surcharged for this coverage [TRIA charges: (1) American Alternative Insurance Corporation – 10%; (2) American International Specialty Lines Insurance Company – included in premium; (3) Federal Insurance Company – 2%; (4) Lexington Insurance Company – Included in premium; (5) St. Paul Fire And Marine Insurance Company – included in premium).

## Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

**Purpose & Effect Of "Application For Insurance & Purchasing Group Membership."** By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges (If Applicable) When Due; (6) That Any Additional Materials Or Information Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance (e.g. – Including, But Not Limited To, Supplementals, Schedules & ACORD Applications) Become A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract [Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")], Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

**Disclosure Regarding Shared Limits.** Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

**Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.]** PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

**Disclosure Pursuant To Terrorism Risk Insurance Act Of 2002.** By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At [www.purchasinggroups.com](http://www.purchasinggroups.com).

**To Learn More.** Please Visit [www.purchasinggroups.com](http://www.purchasinggroups.com), Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

\_\_\_\_\_, 20\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_, 20\_\_\_\_  
Signature of Insurance Broker              Date

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: Insurance Broker

(PG Version 2009.01.01)