

**The Brownstone Program**  
 Underwriting Application for Massachusetts  
 Everest National Insurance Company  
 Mail to: 200 Cordwainer Drive Suite 300 Norwell, MA 02061  
 Fax to: 617-236-6401 Phone: 617-236-6400  
[www.BrownstoneInsurance.com](http://www.BrownstoneInsurance.com)



**Applicant Information**

Named Insured:  
 Mailing Address:  
 City: State: Zip:  
 Phone: Fax:  
 Email Address:  
 Proposed Policy Term: From: To:

**Property Information**

Property Address:  
 City: State: Zip:  
 Number of Units: # Stories above basement:  
 Elevator: Yes  No  Building total square footage:  
 Building maintained by:

**Construction Type:**

Wood:   
 Brick:

Non-combustible:   
 Masonry/Non-combustible:   
 Fire resistive:

Is the roof wood shingle? Yes  No

**Occupancy**

Condominium/  
 Co-op:   
 Rental:   
 Office:   
 Other:

**Type of entity**

Individual:   
 Association:   
 Trust:   
 Corporation:   
 Other:

**Age of building:**                      years old

Property Features	Yes	No	Comments
Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Dead Bolts	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	
Circuit Breakers	<input type="checkbox"/>	<input type="checkbox"/>	
Intercoms	<input type="checkbox"/>	<input type="checkbox"/>	
Local Alarm	<input type="checkbox"/>	<input type="checkbox"/>	
Central Alarm	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	

Renovation	Year	Excellent	Good	Fair	Needs Improvement
Roof		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Property Section**

**Building Value:** \$

**Additional Coverage**

Earthquake:   
 Flood:   
 Sewer/Drain Backup:   
 Demo & ICC:

**Deductible Amount**

\$500   
 \$1,000   
 \$2,500   
 \$5,000   
 \$10,000

**Liability Section**

**Limit of liability**

\$500,000/\$1,000,000   
 \$1,000,000/\$2,000,000   
 \$2,000,000/\$4,000,000

Loss History: Enter claims for last 3 years or check here if none:

Date of Loss	Description	Amount Paid
		\$
		\$
		\$

**Additional Interests**

Mortgagee Name:  
 Mortgagee Address:  
 Loan #:

Prior Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Limits: \$ \_\_\_\_\_ Annual Premium: \_\_\_\_\_

Applicant Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing and materially false information or conceals for the purpose of misleading, information concerning and fact material thereto, commits a fraudulent insurance act, which subjects the person to criminal and (NY: substantial) Civil Penalties. \*Not applicable in CO, HI, NE, OH, OK, OR, ME, and VA. Insurance benefits may also be denied.