The Brownstone Program

[LetUsHelp@brownstoneinsurance.com](mailto:LetUsHelp@brownstoneinsurance.com)

<http://www.BrownstoneInsurance.com>

**Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Named Insured: | | | |
| Mailing Address: | | | |
| City: | State: | | Zip: |
| Phone: | | Email Address: | |
| Proposed Policy Start Date: | | Proposed Policy Term:  1 year  3 years | |

**Existing Policy Information**

|  |  |
| --- | --- |
| Existing Carrier: | Annual Premium:$ |
| Expiration Date: | Building Limit: $ |
| Has any policy or coverage been cancelled or non-renewed during the prior 3 years?  Yes  No | |

**Property Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Property Address: | | | |
| City: | State: MA | | Zip: |
| Number of Units: | | Number of Stories Above Basement: | |
| Number of Buildings:       (A separate application is required for each building or structure, ie. garage or shed.) | | | |
| Is there an elevator? Yes No | | Elevator Maintenance Company: | |
| Building Total Square Footage:       (living area plus common area) | | Date of Construction: | |
| Construction Type (choose one):  Wood Brick  Non-Combustible Masonry/Non-Combustible Fire-Resistive | | | |
| Occupancy:  Condominium Apartments (Non-Owner Occupied) Apartments (Owner-Occupied) Other | | | |
| Entity Type:  Individual Association Trust Corporation Other | | | |

**Renovations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year Updated | Excellent | Good | Fair | Needs Improvement |
| Roof |  |  |  |  |  |
| Windows |  |  |  |  |  |
| Plumbing |  |  |  |  |  |
| Heating |  |  |  |  |  |
| Electrical |  |  |  |  |  |

**Building Characteristics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Emergency Lighting |  |  | Local Alarm |  |  |
| Dead Bolts |  |  | Central Alarm |  |  |
| Fire Extinguishers |  |  | Sprinklers |  |  |
| Circuit Breakers |  |  | Smoke Detectors |  |  |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Is the building under renovation? |  |  |  |
| Is the building vacant? |  |  |  |
| Are there restaurants, daycares or other commercial spaces in the building? |  |  |  |
| Is there a swimming pool on premises? |  |  |  |
| Are any of the units section 8/subsidized? |  |  | If yes, how many? |
| Are any of the units occupied by students? |  |  | If yes, how many? |
| Is there a property manager? |  |  | If yes, name of contact? |

**Requested Coverages**

|  |  |  |  |
| --- | --- | --- | --- |
| Building Limit: $ | Deductible: $2,500 $5,000 $10,000 | | Liability Limit: $1mm/$2mm $2mm/$4mm |
| Hired & Non-Owned Auto:  Yes  No | | Loss of Rents/Business Income:  Yes $       No | |
| Earthquake:  Yes $       No | | Flood:  Yes $       No | |

**Condominium Coverages (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Annual Coverage Amount |
| Loss of Maintenance Fees |  |  | $25K |
| Crime (Fidelity) |  |  | $ |
| Directors & Officers |  |  | $1mm  If yes,has any insured person(s) given notice of specific facts/ circumstances which might give rise to a claim being made against any insured person(s) under any prior or current D&O liability insurance?  Yes  No |

**Owner-Occupied Coverages (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Annual Coverage Amount |
| Personal Property |  |  | $ |

**Claims History**

|  |
| --- |
| Have there been any claims within the prior 3 years?  Yes  No |
| If yes, please submit loss runs to letushelp@brownstoneinsurance.com. |

I hereby certify that all locations do not contain and will not contain the following ineligible risks: homeless shelters, temporary shelters, substance abuse programs, student housing, subsidized housing, emergency shelters, mental health facilities, rooming houses, and any non-profit city or state sponsored social service entity.

|  |  |
| --- | --- |
| Applicant Name (printed): | |
| Applicant Signature: | Date: |

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 any 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.