



## BROKER CERTIFICATION

AS BROKER FOR THE APPLICANT, I HEREBY CERTIFY THAT I HAVE REVIEWED THE INFORMATION CONTAINED ON THIS APPLICATION AND THAT THE INFORMATION IS COMPLETE AND ACCURATE. IF THERE IS ANY REASON THAT THE INSURED DOES NOT COMPLY WITH THESE TERMS AND CONDITIONS YOU MUST NOTIFY NEW EMPIRE GROUP IMMEDIATELY. ANY CHANGES TO THE EXPOSURE DURING A POLICY TERM MUST BE SUBMITTED TO NEW EMPIRE GROUP FOR REVIEW. COVERAGE CANNOT BE BOUND, ALTERED, OR DELETED WITHOUT PRIOR CONSENT FROM YOUR UNDERWRITER.

**Please note this certification is intended to simplify the submission process. Any risk that does not meet the following criteria can be referred to New Empire Group as a full submission for underwriting review. Please contact New Empire Group directly to discuss requirements of a full submission.**

### UNDERLYING CARRIER AND EXPOSURE INFORMATION

All underlying carrier(s) must meet the below minimum limits and requirements for applicable coverages:

Carrier(s) AM Best Rating:	A-VII
General Liability:	
Per occurrence	\$1,000,000
Aggregate (per location)*	\$2,000,000
Products/Completed Operations Aggregate	\$1,000,000
Advertising Liability/Personal Injury Aggregate	\$1,000,000
Automobile Liability	\$1,000,000 CSL
Hired and Non-Owned Auto	\$1,000,000
Employers Legal Liability	\$500,000/\$500,000/\$500,000
Employee Benefits Liability (Each Claim/Aggregate)	\$1,000,000/\$1,000,000
Directors and Officers Liability (Each Claim/Aggregate)	\$1,000,000/\$1,000,000
Garage Liability (Each Occurrence)	\$1,000,000
Garage Keepers Legal Liability (Each Occurrence/Aggregate)	\$1,000,000/\$1,000,000

\* Combined aggregate limits are a referral to your underwriter.

\*\* D&O is eligible as an underlying coverage for non-profit association risks only.

### **NOTE: FAILURE TO MEET MINIMUM LIMITS CAN RESULT IN A GAP IN COVERAGE**

### **THE BELOW CRITERIA APPLY TO LLOYD'S OF LONDON WRITING COMPANIES & SYNDICATES, AND NON-ADMITTED CARRIERS WITH MANUSCRIPT ENDORSEMENTS.**

*Restrictions not applicable to pre-approved MGA's and E&S policy forms. Contact New Empire Group for details on pre-approvals.*

- Lloyd's policies must be issued as part of a domestic program by a program administrator.
- General Liability policy is on an ISO (or equivalent) form with no manuscript endorsements.
- Issuing company and/or syndicate is rated on AM Best and meets above minimum rating/financial requirements.
- Claims are administered in the United States.

**Lloyd's submissions can be underwritten ONLY in the MCREA RPG - Liberty Mutual lead carrier.  
 Lloyd's submissions are NOT available in the AAREO RPG - Chubb lead carrier.**



**I CERTIFY ALL OF THE BELOW:**

- All underlying carrier(s) are U.S. Domiciled.
- All underlying General Liability and Auto policies are on Commercial Liability coverage forms.
- None of the underlying policies are on Personal Lines forms (i.e. Dwelling Fire or Landlord Policy).
- All policy sub-limits are at least \$1,000,000 (except for Medical Expenses and Fire Legal Liability Damage).
- There are no sub-limits on the General Liability policy for Lead Liability coverage.
- Coverage is limited to real estate exposure relating to the ownership and/or management of real estate.
- All insureds, location addresses, and description of exposure(s)/rating factors are complete and accurate.
- The named insured(s) and location(s) scheduled are in accordance with the underlying policies.
- Construction and real estate development operations exposure is not present.
- Coverage is afforded to condominiums, cooperatives, HOAs, PUDs, and/or Lessor's Risk ownerships only.
- Developer control does not exceed 20% (applies to condominiums/coops).
- All condominiums and co-operatives maintain a positive reserve fund.

**INELIGIBLE EXPOSURES**

- Boarding/Rooming houses (single room occupancy) • Builder's risk • Buildings containing aluminum wiring not modified using the copalum crimp repair method • Gas stations • Places of worship • Schools/Universities • Assisted living facilities/Nursing homes • Public housing authorities
- Owner occupied commercial locations • Mobile home, RV, and/or Trailer parks • Student housing with freshman occupants • Hospitals • Hotels/Resorts/Timeshares/Condo hotels • Self-storage buildings • Properties containing a pool with diving boards, slides, or without a secured fence
- High risk tenant exposures (included but not limited to: heavy industrial/manufacturing, medical clinics other than doctors' offices, temporary event venues, stadiums, arenas, catering halls, nightclubs) • Armed security employed by the insured • Building (single location risk) less than 60% occupied or multi-location schedule with gross square footage less than 60% occupied • Properties with more than 20% of the units rented as short-term rentals

**RISKS WHICH ARE A REFERRAL**

I understand that the following exposures may be eligible for coverage, and must be reviewed and approved by a New Empire Group underwriter:

- Social service offices (lessor's risk)
- Day care facilities (lessor's risk)
- Student Housing (undergraduate)
- Marina exposures with greater than 25 slips
- ***Submissions consisting of Affordable Housing/Tenant Vouchers in excess of 20% of the units at any location must be reviewed by a New Empire Group underwriter. Risks will be considered if the exposure meets specific criteria and an additional supplemental will be required.***

**NOTE:** The presence of any of the exposures detailed above can result in cancellation or non renewal of coverage if not disclosed.

**LOSS HISTORY**

All new business accounts require 3-5 years of currently valued hard copy underlying coverage loss runs.

**THE FOLLOWING IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:**

- There were no known or reported liability losses that exceed \$100,000.
- There were no aggregate liability losses paid in excess of \$250,000 in any single year.
- No claims were reported as a result of a violent act, fatality, or injury to infant/child.
- No paid Directors & Officers loss within the past 3 years and/or more than one (1) reported claim within the past 12 months.

**I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE, ACCURATE AND MEETS THE CRITERIA OF THE TWO (2) PAGE BROKER CERTIFICATION.**

NAMED INSURED: \_\_\_\_\_

BROKER NAME (PRINT): \_\_\_\_\_

BROKER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE NOTE: All premiums are due 30 days after the effective date of coverage**



## COMMERCIAL UMBRELLA APPLICATION

FOR RISK PURCHASING GROUP PARTICIPATION - (SINGLE LOCATION)

PRODUCER INFORMATION			
AGENCY:	NAME:		
ADDRESS:	PHONE:	FAX:	
CITY:	STATE:	ZIP:	EMAIL:

INSURED INFORMATION		
NAMED INSURED:		
CONTACT:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
DOMICILED ADDRESS:		
CITY:	STATE:	ZIP:

POLICY INFORMATION					
LIMIT(S) REQUESTED:	\$1 MILLION <input type="checkbox"/>	\$5 MILLION <input type="checkbox"/>	\$10 MILLION <input type="checkbox"/>	\$15 MILLION <input type="checkbox"/>	\$25 MILLION <input type="checkbox"/>
	\$50 MILLION <input type="checkbox"/>	\$75 MILLION <input type="checkbox"/>	\$100 MILLION <input type="checkbox"/>		

REQUESTED EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS THE PRIMARY ACCOUNT CONTROLLED BY THE ABOVE AGENCY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NO, WILL IT BE CONTROLLED WHEN THIS UMBRELLA POLICY TAKES EFFECT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHAT COMPANY PROVIDES THE EXPIRING UMBRELLA COVERAGE?		
WHAT IS THE EXPIRING LIMIT?	WHAT IS THE EXPIRING PREMIUM?	
WHAT IS THE TARGET PREMIUM FOR THE UPCOMING TERM?		

EXPOSURE INFORMATION <i>(Select ALL that apply)</i>		
RESIDENTIAL	COMMERCIAL	EXPOSURE
APARTMENT BUILDING <input type="checkbox"/>	RETAIL/STRIP MALL <input type="checkbox"/>	UNDERGRADUATE STUDENT <input type="checkbox"/>
CONDOMINIUM/COOPERATIVE <input type="checkbox"/>	ENCLOSED MALL <input type="checkbox"/>	% _____
HOA/TOWNHOME/PUD <input type="checkbox"/>	WAREHOUSE <input type="checkbox"/>	
DWELLING (1 OR 2 FAMILY) <input type="checkbox"/>	OFFICE BUILDING <input type="checkbox"/>	

LOCATION ADDRESS:	STORIES:
CITY:	COUNTY:
BUILDING SQ. FT.:	YEAR BUILT:
CONSTRUCTION:	

RESIDENTIAL UNITS:	COMMERCIAL SQ. FT.:
LIST ALL COMMERCIAL OCCUPANCIES:	
DOES THE UNDERLYING GL COVERAGE CONTAIN A LEAD EXCLUSION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>IF NO, PLEASE ANSWER ALL QUESTIONS IN THE LEAD SUPPLEMENTAL SECTION</i>	
DOES THE INSURED MAINTAIN PARKING FACILITIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, IS THERE A GARAGEKEEPERS EXPOSURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
NUMBER OF PARKING SPOTS:	WHAT IS THE SQ. FT. OF THE PARKING LOT/PARKING GARAGE?



## COMMERCIAL UMBRELLA APPLICATION

### FOR RISK PURCHASING GROUP PARTICIPATION - (SINGLE LOCATION)

RISK MANAGEMENT			
DO ALL TENANT LEASES CONTAIN A HOLD HARMLESS AGREEMENT FAVORABLE TO THE INSURED (COMMERCIAL LRO TENANTS ONLY)?	YES	NO	
DOES THE INSURED REQUIRE CERTIFICATES OF INSURANCE FROM THIRD PARTY CONTRACTORS OR VENDORS HIRED TO PERFORM WORK AT THE PREMISES AND DO THEY HAVE ADDITIONAL INSURED STATUS ON THOSE POLICIES?	YES	NO	
DO ALL CONTRACTS IN PLACE WITH THIRD PARTY CONTRACTORS OR VENDORS CONTAIN INDEMNIFICATION LANGUAGE FAVORABLE TO THE INSURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ANY LOCATIONS OWNED BY THIS INSURED THAT ARE NOT INCLUDED IN THIS SUBMISSION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IS THIS LOCATION IN COMPLIANCE WITH ALL LOCAL ORDINANCES, PROPERTY STATUTES AND BUILDING CODES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>DOES THE INSURED:</b>			
REQUIRE CERTIFICATES FOR ALL COMMERCIAL TENANTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
MAINTAIN COPIES OF THE ABOVE CERTIFICATES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

FIRE/LIFE SAFETY			
DO ALL UNITS HAVE SMOKE DETECTORS?	YES	NO	
IF YES: BATTERY <input type="checkbox"/> HARDWIRED <input type="checkbox"/>			
ARE THERE INTERIOR COMMON AREAS IN THE BUILDING(S)?	YES	NO	
IF YES: SMOKE DETECTORS IN ALL COMMON AREAS?	YES	NO	
IF YES: BATTERY <input type="checkbox"/> HARDWIRED <input type="checkbox"/>			
BATTERY MAINTENANCE PLAN IN EFFECT FOR ALL BATTERY-OPERATED SMOKE DETECTORS?	YES	NO	
ARE CARBON MONOXIDE DETECTORS INSTALLED AND MAINTAINED WHERE REQUIRED BY LAW?	YES	NO	
HAVE THERE BEEN ANY CARBON MONOXIDE CLAIMS SUBMITTED ON THE UNDERLYING GL POLICY?	YES	NO	
IS THE BUILDING SPRINKLERED?	YES	NO	
IF YES: FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/>			
IS THERE A FIRE ALARM IN THE BUILDING?	YES	NO	
IF YES: MANUAL <input type="checkbox"/> CENTRAL <input type="checkbox"/>			
MINIMUM OF TWO (2) MEANS OF EGRESS FROM EACH FLOOR?	YES	NO	
ARE ALL STAIRWAYS SPRINKLERED?	YES	NO	
IS AN EVACUATION PLAN IN PLACE IN THE EVENT OF AN EMERGENCY?	YES	NO	
IS THERE A RESTAURANT AND/OR COOKING EXPOSURE PRESENT?	YES	NO	
IF YES: IS THE RESTAURANT FULLY SPRINKLERED?	YES	NO	
IS THE KITCHEN SPRINKLERED?	YES	NO	
IS THE KITCHEN EQUIPPED WITH AN ANSUL SUPPRESSION SYSTEM?	YES	NO	
<b>** HIGH-RISE BUILDINGS - 7 STORIES OR MORE: **</b>			
ARE ALL STAIRWAYS EQUIPPED WITH EMERGENCY LIGHTS?	YES	NO	
IS THERE A MINIMUM OF TWO (2) ENCLOSED STAIRWAYS?	YES	NO	
IS THERE A STANDPIPE FOR DELIVERING WATER TO UPPER FLOORS IN CASE OF FIRE?	YES	NO	



## COMMERCIAL UMBRELLA APPLICATION

FOR RISK PURCHASING GROUP PARTICIPATION - (SINGLE LOCATION)

VACANT LAND			
IS THERE A VACANT LAND EXPOSURE?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW MANY ACRES?			
IS THE VACANT LAND EXPOSURE INSURED ON THE SAME POLICY?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE ANY CONSTRUCTION OR DEVELOPMENT PLANNED DURING THE POLICY PERIOD?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THE VACANT LAND OCCUPIED OR LEASED TO A THIRD PARTY OR PARTIES?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

UNDERLYING COVERAGE			
** ALL CARRIERS MUST CARRY MINIMUM AM BEST RATING OF A-VI OR VII DEPENDENT UPON COMPANY QUOTED **			
TYPE	WRITING COMPANY	EFFECTIVE	EXPIRATION
GENERAL LIABILITY			
BUSINESS AUTO HIRED/NON-OWNED			
EMPLOYERS LIABILITY			
DIRECTORS & OFFICERS			
GARAGEKEEPERS			
OTHER (DESCRIBE)			

IF THERE IS A BUSINESS AUTOMOBILE EXPOSURE, PLEASE COMPLETE THE BELOW SCHEDULE OF VEHICLES:			
PRIVATE PASSENGER/SUV ___ (QTY)	VAN 1-8 PASSENGERS ___ (QTY)	VAN 9-20 PASSENGERS ___ (QTY)	
LIGHT TRUCK ___ (QTY)	MEDIUM TRUCK ___ (QTY)	HEAVY TRUCK ___ (QTY)	
DOES THE INSURED OWN/OPERATE ANY VEHICLES NOT LISTED ABOVE (I.E. BUS)?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF HIRED/NON-OWNED COVERAGE IS CARRIED, IS THE COVERAGE INCLUDED IN THE GL?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY EMPLOYEES USING THEIR OWN VEHICLES FOR BUSINESS ON A REGULAR BASIS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

LEAD LIABILITY SUPPLEMENTAL SECTION - PLEASE COMPLETE ONLY IF APPLICABLE			
IS LEAD OFFERED ON AN OCCURRENCE BASIS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
CAN YOU CONFIRM THAT THERE HAVE BEEN NO LEAD CLAIMS REPORTED AT THIS LOCATION?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE BUILDING BEEN UPDATED/REHABBED/RENOVATED AFTER THE YEAR 1978?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE ALL APARTMENTS PAINTED BY THE LANDLORD PRIOR TO NEW OCCUPANCY?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE PRIMARY CARRIER INSPECTED THE BUILDING WITHIN THE PAST THREE (3) YEARS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE ANY AND ALL LOSS RECOMMENDATIONS REGARDING LEAD COVERAGE SATISFIED?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY CARE, CUSTODY, OR CONTROL OF CHILDREN UNDER THE AGE OF 6 (EX. DAY CARE CENTER)?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THE BUILDING COMPLIANT WITH NEW YORK CITY LOCAL LAW 1 OF 2004?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

COMMUNITY ASSOCIATIONS (CONDOMINIUMS, HOAs, ETC) - PLEASE COMPLETE ONLY IF APPLICABLE			
ARE THERE BOAT SLIPS LOCATED ON THE INSURED PREMISES?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW MANY SLIPS?	ARE SLIPS RESERVED FOR RESIDENTS USE?	YES	NO <input type="checkbox"/>
IS THERE A MARINA EXPOSURE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, IS IT SEPARATELY INSURED?	YES	NO <input type="checkbox"/>
IS THE INSURED STORING GASOLINE ON THE PREMISES? YES <input type="checkbox"/> NO <input type="checkbox"/>			