



INSURANCE UNDERWRITING ASSOCIATION

570 BROAD STREET • SUITE 500, PO BOX 32609, NEWARK, NEW JERSEY 07102

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COMMERCIAL UNDERWRITING QUESTIONNAIRE

NOTE 1: For any Commercial Application (New or Continuation) requesting \$400,000 or more of fire insurance (Building(s) and/or Contents), Section A shall be complied with and Section B of this form shall be completed.

NOTE 2: For any Commercial Application (New or Continuation) requesting less than \$400,000 of fire insurance (Building(s) and/or Contents), Section B of this form shall be completed.

NOTE 3: For any Vacant building – Section C of this form shall also be completed.

Section A.

- 1. Submit three (3) Declinations of Insurance showing the company name, the date the coverage was declined and the reasons for the declination.
2. Submit a copy of the most current Financial Report audited by a Certified Public Accountant.

Section B.

1. Name of Applicant _____ Date _____

Show name as it appears on application

2. Location of Property _____ N.J. Policy Number _____

3. Applicant's insurable interest in property (A) ___ Building Owner (B) ___ Tenant Other (specify) _____

4. _____ Number of Floors _____ Construction
List the complete occupancy of the building by floors including the dimensions of each occupancy.

Basement _____
1st _____
2nd _____
3rd _____
Above _____

5. Is Property seasonal? ___ No ___ Yes

6. Total amount of outstanding Mortgagee(s) Loss Payee(s) Interest _____

7. Are any payments delinquent? ___ No ___ Yes (Give details below)
Lending Institution Month/Year Amount Reason

8. Is the property in foreclosure? ___ No ___ Yes (Explain)

9. Are any property taxes delinquent? ___ No ___ Yes (Provide details below)
Quarter/Year Amount Reason

10. Is there any unrepaired damage at the location to be insured? ___ No ___ Yes

(Explain) _____

11. Are all utility services fully maintained and paid to date? No Yes
 (Explain) _____
12. Does the Property have any outstanding fire or other code violations which have been brought to the applicant's attention by any authority? No Yes (If yes, submit a complete copy with this form.)
13. Has the property been condemned or ordered uninhabitable by any authority? No Yes
 (If yes, submit a complete copy with this form.)
14. Has the applicant, mortgagee, or any person having a financial interest in the property been indicted or convicted for fraud, bribery, arson, or any other crime for the purpose of defrauding an insurance company? No Yes (Provide full particulars)
15. Has the present insurer furnished notice of non-renewal or intent to cancel? No Yes
 (If yes, submit a complete copy with this form.)

Section C.

1. Is the building secured in accordance with the N.J.I.U.A. Standards For the Protection of Vacant Properties?
 Yes [] No []
2. How long has the property been vacant? (Explain) _____

3. Are any fixed and salvageable items being removed from the premises? Yes [] No []
4. What is the reason for vacancy? (Explain) _____

Applicant must sign and date this form below.

APPLICANT'S STATEMENT

I declare and certify that: (1) To the best of my knowledge and belief that all statements contained in this application are true and are offered as an inducement to the Association to issue the policy for which I am applying. (2) I realize that any false or misleading information or failure to disclose required information will be considered lack of good faith on my part and will void my coverage. (3) I certify that I have an insurable interest in the described property. (4) I understand that this application for insurance does not bind the Association to issue insurance on the described property. (5) I recognize that an inspection may be made of this property for underwriting purposes and that regardless of whether a policy is issued, the Association, any Inspection Service, or employee thereof will not be liable for injury or damage claimed to arise from the inspection, the Inspection Report of the physical condition of the premises, omissions from such inspection, or Report or from compliance or noncompliance by the property owner or others with the recommendations, if any, contained in the Report and nothing contained in or omitted from the Report shall be construed to infer or imply that the hazardous physical condition, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection.

Signature of Applicant _____ Date _____

If applicant is partnership, company or corporation, this form shall be signed by an official of the firm, printing name and title below.

**NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION
570 BROAD STREET, 5TH FL., NEWARK, NJ 07102**

POLICY CHANGE REQUEST

PRODUCER _____	FULL NAME OF INSURED	
	POLICY EXPIRATION DATE	N.J.I.U.A. FILE NO. NJ
	EFFECTIVE DATE OF CHANGE	
	DATE OF REQUEST	

FULL LOCATION OF PROPERTY	STREET _____
	CITY _____ COUNTY _____

PREMIUM ACCOUNTING	IN THE EVENT THE CHANGE RESULTS IN AN ADDITIONAL PREMIUM
	ATTACHED IS CHECK # _____ IN THE AMOUNT OF \$ _____ (NET)

INCREASE IN AMOUNT	FROM	\$ _____ ON ITEM NO. _____
	BY	\$ _____ FOR NEW TOTAL OF \$ _____ ON ITEM

DECREASE IN AMOUNT	FROM	\$ _____ ON ITEM NO. _____
	BY	\$ _____ FOR NEW TOTAL OF \$ _____ ON ITEM
(COMPANY NAME, TITLE AND SIGNATURE)		
MORTGAGEE APPROVAL		

CHANGE OF RATE	FROM	FIRE: _____ ECE: _____ V&MM: _____
	TO	FIRE: _____ ECE: _____ V&MM: _____

CHANGE OF MORTGAGEE	FROM		<input type="checkbox"/> FORMER MORTGAGEE ASSIGNMENT CANCELLED
	TO		

CHANGE OF NAMED INSURED	FROM	
	TO	

CHANGE OF MAILING ADDRESS	FROM	
	TO	

MISCELLANEOUS OTHER CHANGES	
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SPACE FOR OFFICE USE
