NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION
COMMERCIAL FIRE APPLICATION

DATE (MM/DD/YYYY)

744 BROAD STREET, P.O. BOX 32609, NEWARK, NEW JERSEY 07102-3881 www.njiua.org

PRODUCER

TELEPHONE NO.

LICENSE NO. | TIN OR SS NO.

I CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF THE STATE OF NEW JERSEY. I HAVE EXPLAINED TO THE APPLICANT THE NATURE OF THE INSURANCE APPLIED FOR AND HAVE INCLUDED IN THIS APPLICATION ALL REQUIRED INFORMATION WHICH I BELIEVE TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN THE EVENT THE POLICY IS VOID, CANCELLED OR CHANGE MADE RESULTING IN A RETURN OF PREMIUM TO THE INSURED, I AGREE TO RETURN THE UNEARNED COMMISSION PORTION OF THE RETURN PREMIUM.

SIGNATURE OF PRODUCER | DATE (MM/DD/YYYY)

APPLICANT INFORMATION

APPLICANT'S NAME (First Named Insured and Other Named Insureds)

MAILING ADDRESS OF FIRST NAMED INSUREDS (Include county and zip + 4)

☐ INDIVIDUAL ☐ CORPORATION ☐ SUBCHAPTER "S" CORPORATION ☐ LLC
☐ PARTNERSHIP ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG

PROPOSED EFFECTIVE DATE | POLICY NO. | ☐ NEW ☐ RENEWAL

INSPECTION CONTACT | PHONE (A/C, Number, Ext.)

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	# OF FAMILIES	PURCHASE PRICE	DATE PURCHASED	PART OCCUPIED

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

LIMITS OF INSURANCE NEEDED

BUILDINGS	BUSINESS PERSONAL PROPERTY
$	$

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	DISTANCE TO FIRE STATION	PROTECTION CLASS	DEDUCTIBLE	# STORIES	YEAR BUILT	TOTAL AREA
	FT	MI					

COVERED CAUSES OF LOSS

BASIC GROUP I ☐

FIRE, LIGHTNING, EXPLOSION, VANDALISM, SPRINKLER LEAKAGE

BASIC GROUP II ☐

WIND OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ERUPTION

PRIOR CARRIER INFORMATION

CARRIER	POLICY NUMBER	EFFECTIVE DATE - EXPIRATION DATE
		FROM: TO:

VANDALISM AND/OR SPRINKLER LEAKAGE AND/OR ALL BASIC GROUP II CAUSES OF LOSS MAY BE EXCLUDED ONLY BY SPECIFIC WRITTEN REQUEST SIGNED BY THE INSURED. (SEE STATEMENT ON REVERSE SIDE)

ADDITIONAL INTEREST

INT #		NAME AND ADDRESS	LOAN NUMBER
	☐ MORTG'E ☐ ADDL INT		
	☐ MORTG'E ☐ ADDL INT		

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS ☐ CHK HERE IF NONE ☐ SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						☐ OPEN ☐ CLOSED
						☐ OPEN ☐ CLOSED

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?			7. IS BUILDING AWAITING DEMOLITION?		
2. ANY OTHER INSURANCE WITH THIS COMPANY?			8. IS BUILDING OR ANY PART OF BUILDING VACANT? IF YES _____ %		
3. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS?			9. PROVIDE NAME OF AN ADMITTED VOLUNTARY MARKET INSURER THAT DECLINED TO PROVIDE COVERAGE TO THE APPLICANT		
4. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?			INSURER: _____		
5. ANY UNCORRECTED FIRE CODE VIOLATIONS?			REASON FOR DECLINATION: _____		
6. ANY TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?					

REMARKS

APPLICANT MUST SIGN AND DATE THIS APPLICATION BELOW. READ CAREFULLY BEFORE SIGNING.

CERTIFICATION OF APPLICATION FOR INSURANCE

I DECLARE AND STATE THAT: (1) I HAVE BEEN UNABLE TO OBTAIN PROPERTY INSURANCE WITHIN THE PRECEDING 60 DAYS. (2) THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (3) I UNDERSTAND THAT THE ASSOCIATION INTENDS TO RELY UPON THE INFORMATION PROVIDED BY ME IN THIS APPLICATION. I FURTHER UNDERSTAND THAT IF I PROVIDE INACCURATE OR MISLEADING INFORMATION OR FAIL TO DISCLOSE REQUIRED INFORMATION, IT WILL BE CONSIDERED LACK OF GOOD FAITH ON MY PART AND WILL VOID MY COVERAGE AND MAY SUBJECT ME TO CRIMINAL AND CIVIL PENALTIES. (4) THE PRODUCER NAMED IN THIS APPLICATION IS NOT ACTING AS AN AGENT OF THE ASSOCIATION FOR THE PURPOSES OF THIS INSURANCE. (5) NO COVERAGE WILL BE IN EFFECT IF MY PREMIUM REMITTANCE IS DISHONORED OR SHORT OF THE FULL AMOUNT DUE. (6) THIS APPLICATION FOR INSURANCE DOES NOT BIND THE ASSOCIATION TO PROVIDE INSURANCE ON THE DESCRIBED PROPERTY. (7) ANY INSPECTION OF THE PROPERTY CONDUCTED BY THE NEW JERSEY INSURANCE UNDERWRITING ASSOCIATION OR ITS AGENT SHALL NOT CREATE ANY LIABILITY ON THEIR PART.

SIGNATURE OF APPPLICANT _____ DATE _____

IF THE APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, AN OFFICER OF THE FIRM SHALL SIGN CERTIFICATION, PRINTING NAME AND TITLE BELOW. SUPPLEMENTAL CORPORATE QUESTIONNAIRE (FORM NJ-1A) MUST BE COMPLETED AND FILED WHEN THE APPLICANT IS A CORPORATION, HOLDING COMPANY OR PARTNERSHIP.

NAME _____ TITLE _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I (We) specifically request that the following cause(s) of loss indicated by an "X" be excluded from my Standard Property Policy:

- ☐ VANDALISM
- ☐ SPRINKLER LEAKAGE
- ☐ WIND OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ERUPTION

SIGNATURE OF APPPLICANT _____ DATE _____

IN THE EVENT A POLICY IS CANCELLED BY THE INSUROR, ANY BROKER OF RECORD MAY CLAIM HIS PORTION OF THE UNEARNED COMMISSION, AND THE BALANCE OF THE UNEARNED PREMIUM INCLUDING ANY BALANCE OF UNEARNED COMMISSION, SHALL BE RETURNED TO THE POLICY HOLDER.