



200 MADISON AVENUE / NEW YORK, NEW YORK 10016 / (212) 683-9700

## **Habitational Underwriting Guidelines and Considerations for GNY:**

### **Protection class 1-6**

**Minimum premium of \$3,500 (NY metro 5,000)**

*Self Stg - 25W*

- All risks with wood burning fireplaces/woodstoves must have a formal periodic fireplace cleaning program with professional cleaning. The program should outline how it is monitored and implemented (ie Letters to unit owners, proof of cleaning obtained and enforcement of requirement)
- Proper contractual risk transfer must be in place for all work contracted with others. This includes written contract with hold harmless wording in favor of the insured and requiring a certificate naming the insured as additional insured with at least 1 million limits of GL coverage.
- Minimum occupancy rates of 85%
- Secondary means of egress from each unit if over 2 stories
- No use of charcoal grills. Use of electric and or gas grills is acceptable however they must be located at least 10 feet from the building and controlled
- Pools must be fully fenced with a gate that is locked when pool is closed. Proper signage is also a requirement.
- Exercise facilities are for tenant or unit owners only and not open to general public.
- Completed current GNY supplemental

### **Ineligible exposures:**

- Aluminum wiring unless acceptable remediation program is in place with proper documentation and timeline for completion (see enclosed sheet for clarification)
- Seasonal occupancy or Bed & Breakfast
- Armed patrols or security
- Student housing
- Frame over 3 stories
- Pools with diving boards

**This list is not meant to be comprehensive and you should always contact your underwriter to discuss individual accounts and circumstances.**



INSURANCE COMPANIES

GNY Insurance Companies • 200 Madison Avenue • New York, New York 10015

## GREATER NEW YORK INSURANCE COMPANIES

## SUPPLEMENTAL APPLICATION - APARTMENTS, COOPERATIVES &amp; CONDOMINIUMS

Applicants Name: \_\_\_\_\_

Producer: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Apartment: ☐ Cooperative: ☐ Condominium: ☐ Condop ☐If a Condominium, do the -bylaws require a minimum AmBest rating and financial size category? ☐ Yes ☐ No If so, what is it? \_\_\_\_\_Assisted Living Facility: ☐ Yes ☐ No Nursing Home Facility: ☐ Yes ☐ NoExclusive for over age 55 ☐ Yes ☐ No If Yes, Please describe in detail \_\_\_\_\_Dormitory Style Housing ☐ Yes ☐ No If Yes, Please describe in detail \_\_\_\_\_Other Association/Operation ☐ Yes ☐ No If Yes, Please describe in detail \_\_\_\_\_Seasonal Occupancy ☐ Yes ☐ No If Yes, Please describe in detail \_\_\_\_\_Apartment leases < 12 Months ☐ Yes ☐ No If Yes, Please describe in detail \_\_\_\_\_

What is the % of units available &lt; 12 month leases? \_\_\_\_\_

**Submissions must include Condominium Association By-Laws or Declaration w/Insurance Section and (if applicable), Master Deed 4-Years of Currently Valued Loss Runs, and (if Frame or Brick Veneer Construction) a Readable Site Plan including distances between buildings and SOV, which must include square footage of each building & number of units per building.**

Has the insured ever acted or do they plan to act as General Contractor or Property Developer? ☐ Yes ☐ No

Is insured involved in any construction operations?

☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

1. No of years under present ownership: \_\_\_\_\_ No. of Units: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Year Built: \_\_\_\_\_

2. Number of buildings at this location: \_\_\_\_\_ Distance between each building: \_\_\_\_\_ Construction type: \_\_\_\_\_

3. Square Feet of Each Building: \_\_\_\_\_ Living Space \_\_\_\_\_ Basements \_\_\_\_\_ Garages \_\_\_\_\_

4. Average monthly Apt Rent/Unit: \_\_\_\_\_ Average monthly Condo Fee/Unit: \_\_\_\_\_

Total Annual Rental/Condo Fees \_\_\_\_\_

5. Are there any Mercantile, Office or Other Occupancies?

☐ Yes ☐ No Sq. Ft. \_\_\_\_\_

Describe Occupancies: \_\_\_\_\_

6. Are any of the building exteriors made of aluminum siding?

☐ Yes ☐ No

If yes, what is the % of the exterior coverage? \_\_\_\_\_ %

7. a) If Condominium, is it 100 % Owner-Occupied?

☐ Yes ☐ Nob) If Condominium, are there any units not occupied by the owner?☐ Yes ☐ No

# Units \_\_\_\_\_

c) If Condominium or apartments are there any Vacant Units?

☐ Yes ☐ No

# Units \_\_\_\_\_

d) If Condominium or apartments are there any Seasonal/Transient Units?

☐ Yes ☐ No

# Units \_\_\_\_\_

8 If building is over 20 years, indicate when the most recent modernization was completed for each item:

a) Has Heating been updated?

☐ Yes ☐ No

Year \_\_\_\_\_

b) Has Plumbing been updated?

☐ Yes ☐ No

Year \_\_\_\_\_

c) Has Wiring been updated?

☐ Yes ☐ No

Year \_\_\_\_\_

d) Has Roofing been updated?

☐ Yes ☐ No

Year \_\_\_\_\_

e) If yes, indicate type of work performed on each system: \_\_\_\_\_

f) Has building been **Gut Rehabbed**?☐ Yes ☐ No

Year \_\_\_\_\_

g) Has building been **converted** from prior occupancy?☐ Yes ☐ No

Year \_\_\_\_\_

h) If yes, describe former occupancy: \_\_\_\_\_



INSURANCE COMPANIES

GNY Insurance Companies • 300 Madison Avenue • New York, New York 10015

9. a) Are Circuit Breakers Used Throughout? ☐ Yes ☐ No  
 If Yes to a) above, are the Circuit Breakers Federal Pacific Stab Lok type? ☐ Yes ☐ No  
 (These Breakers have a high Failure Rate.)  
 b) Are any **Fuse Systems** still in use? ☐ Yes ☐ No  
 c) Is there any **Branch Aluminum Wiring** in the units? ☐ Yes ☐ No  
 If yes, how has it been mitigated? \_\_\_\_\_  
 d) Is **Polybutylene Piping** used? ☐ Yes ☐ No  
 If yes, how has it been mitigated? \_\_\_\_\_  
 e) Is **galvanized piping** used? ☐ Yes ☐ No  
 If yes please provide details such as % of such piping, supply lines (including or excluding risers) or water drains only:  
 f) Are there any **Underground Storage Tanks**? ☐ Yes ☐ No  
 If yes, has it been removed, proof, signed off by the City, Building dept. etc. \_\_\_\_\_

10. a) Are there any Firewalls? ☐ Yes ☐ No  
 b) If Yes, Do Firewalls Penetrate the Roof? ☐ Yes ☐ No  
 c) Do Firewalls or fire barriers, if any, extend from the lowest floor level to the Underside of Roof? ☐ Yes ☐ No  
 d) Indicate construction type and number of Fire Walls or Fire Barriers: \_\_\_\_\_  
 e) Indicate the Total Number of Units over all floors within each fire division: \_\_\_\_\_  
 f) Have the Firewall/Fire Barriers been breached in anyway? ☐ Yes ☐ No

11. Do any of the buildings have mansard roofs? ☐ Yes ☐ No  
 a) If Yes, is the mansard roof (Check all that apply) on the: ☐ Front of Building, ☐ Sides, ☐ Rear of Building, ☐ All sides.  
 If Yes, what is the construction Material of the Roof? \_\_\_\_\_  
 If Yes, are there fire stops in the Mansard Roof? ☐ Yes ☐ No  
 If Yes, where are the fire stops and what type: \_\_\_\_\_  
 b) Do any of the buildings have mansard facades? ☐ Yes ☐ No  
 If Yes, what is the Construction material of the façade? \_\_\_\_\_  
 If yes, are there fire stops? ☐ Yes ☐ No  
 If Yes, where are the fire stops and what type: \_\_\_\_\_

12. Describe Second Means of Egress: 2nd Interior Stairwell \_\_\_\_\_ Exterior Stairs to Grade \_\_\_\_\_  
 Fire Escapes to Grade \_\_\_\_\_ None \_\_\_\_\_

13. a) Is building Sprinklered? ☐ Fully ☐ Partial ☐ Yes ☐ No % \_\_\_\_\_  
 b) Sprinkler Alarms? ☐ Local ☐ Central Station ☐ Yes ☐ No  
 c) Fire Alarms? ☐ Local ☐ Central Station ☐ Yes ☐ No  
 d) Smoke/Fire Detector Alarms? ☐ Local ☐ Central Station ☐ Yes ☐ No  
 e) Are all **Common Areas** equipped w/Hard Wired Smoke Detectors w/Battery Backup? ☐ Yes ☐ No  
 f) If not, are the **Common Areas** at least equipped w/Hard Wired Smoke Detectors? ☐ Yes ☐ No  
 g) Is each **Unit** equipped w/Hard Wired Smoke Detectors w/Battery Backup? ☐ Yes ☐ No  
 h) If not, is each **Unit** at least equipped with Battery Operated Smoke Detectors? ☐ Yes ☐ No  
 i) If Battery Operated Detectors, do they have a formal program for battery replacement? ☐ Yes ☐ No  
 j) Is building equipped with Carbon Detectors? ☐ Yes ☐ No  
 k) Emergency Lighting? ☐ Yes ☐ No  
 l) Fire Extinguishers? ☐ Yes ☐ No  
 m) Pull Stations in Hallways/Stairways? ☐ Yes ☐ No

14. a) Is there a Security Guard on premises? ☐ Part Time ☐ Full Time ☐ Yes ☐ No Hours \_\_\_\_\_  
 b) If yes, are the Security Guards armed? ☐ Yes ☐ No  
 c) Is there a Security System? ☐ Yes ☐ No  
 d) Is there a Superintendent or Manager that resides on premises? ☐ Yes ☐ No



INSURANCE COMPANIES

GNY Insurance Companies • 200 Madison Avenue • New York, New York 10015

---

15. a) Are Contractors Used for Snow Removal/Landscaping? ☐ Yes ☐ No  
b) If yes, are Certificates of Insurance obtained from all Contractors/Sub-Contractors? ☐ Yes ☐ No  
c) Is our Insured named on Contractors Policy as Additional Insured? ☐ Yes ☐ No  
d) Are Minimum Limits of Liability required on Contractors' policy? ☐ Yes ☐ No  
e) If yes, what are the Minimum Limits of Liability Insurance? \_\_\_\_\_

---

16. a) Is there a Swimming Pool on the premises? If yes, how many Pools? ☐ Yes ☐ No # \_\_\_\_\_  
b) Is there a Diving Board or Slide? ☐ Yes ☐ No  
c) Is Life Saving Equipment present at the pool side? ☐ Yes ☐ No  
d) Is pool fenced with a self-closing gate? ☐ Yes ☐ No  
e) Is the pool depth clearly marked? ☐ Yes ☐ No  
f) Is area surrounding pool made of a non-skid surface? ☐ Yes ☐ No  
g) Is use of pool restricted to occupants & guests? ☐ Yes ☐ No  
h) Is there a pool cover? ☐ Yes ☐ No  
i) Is there an anti-vortex drain? ☐ Yes ☐ No  
j) Is the Pool Operated by a Vendor or Contractor? ☐ Yes ☐ No  
k) If Yes to Question 16j, is the proper risk transfer in place? ☐ Yes ☐ No

---

17. a) Are there any ponds or bodies of water on the premises? ☐ Yes ☐ No  
b) If so, is there fencing surrounding the pond or body of water on the premises? ☐ Yes ☐ No  
c) If not, please submit Pond Supplemental Questionnaire.

---

18. a) Is there a clubhouse? ☐ Yes ☐ No  
b) If so, is the clubhouse rented to the General Public? ☐ Yes ☐ No

---

19. a) Is there any Playground Equipment? ☐ Yes ☐ No  
b) If so, describe equipment & surface that playground is on: \_\_\_\_\_

---

20. a) What types of Grills are allowed on Decks and Balconies (Check all that are allowed):  
☐ Charcoal ☐ Electric ☐ Methane ☐ Propane  
b) Are Methane, Electric, Propane Grills operated at least 5 feet horizontally and 5 feet vertically from the nearest building? ☐ Yes ☐ No  
c) Are Grills permitted to be used on enclosed or semi-enclosed balconies, decks, areas or porches? ☐ Yes ☐ No  
(Enclosed means surround by walls on at least 3 sides.)  
d) If charcoal grilling is allowed, is it restricted to designated stationary grilling areas only? ☐ Yes ☐ No  
If yes, what is the distance (in feet) to the nearest building? \_\_\_\_\_

---

21. a) Are there any Wood Burning Stoves used on the premises? ☐ Yes ☐ No  
# Stoves \_\_\_\_\_  
If yes, were they installed at the time of construction? ☐ Yes ☐ No  
If yes, are they contained in fire safe pre-fab units? ☐ Yes ☐ No  
b) Are there Wood Burning Fireplaces in any of the living units? ☐ Yes ☐ No  
# Fireplaces \_\_\_\_\_  
c) Does the Insured have an Annual Written Policy to Inspect & Annually Clean each and every Fireplace Chimney on Premises? ☐ Yes ☐ No  
d) If not, how often are Wood Burning Stoves, Fireplaces and Chimneys required to be cleaned? \_\_\_\_\_

---

22. a) Have any of the Insured's Buildings been Damaged by Flood or Mold during the last Five Years? ☐ Yes ☐ No  
b) If yes, please describe in detail: \_\_\_\_\_

---

23. Is the Building listed on the National or Local Register of Historical Places? ☐ Yes ☐ No  
Details: \_\_\_\_\_

---

24. Insured's Website Address: \_\_\_\_\_

---



INSURANCE COMPANIES

GNY Insurance Companies • 200 Madison Avenue • New York, New York 10015

25. Are Solar Panels Present? ☐ Yes ☐ No
- a) Does the insured generate electricity using solar panels? ☐ Yes ☐ No
- b) What is the Kilowatt output of the system? \_\_\_\_\_
- c) What was the cost of the system? \_\_\_\_\_
- d) Was the system installed by Solar Energy contractor? ☐ Yes ☐ No
- e) How does the insured use the electricity generated from the solar panels? \_\_\_\_\_
- f) Where are the solar panels mounted? Roof \_\_\_\_\_ Ground \_\_\_\_\_
- g) How many panels? \_\_\_\_\_ Manufacturer \_\_\_\_\_
- h) Who performs Maintenance? \_\_\_\_\_
- i) Are the solar PV panels UL 1703 certified? ☐ Yes ☐ No
- j) Protected by AFCI or similar device? ☐ Yes ☐ No
- k) Are Solar PV Panels circuits protected using fuses to UL 2579 Standard? ☐ Yes ☐ No

26. Are tanning beds provided by the insured? ☐ Yes ☐ No

27. Hydrants
- a) Are there public hydrants within 1000' of all buildings? ☐ Yes ☐ No
- b) If hydrants are private is there a public water supply for these hydrants? ☐ Yes ☐ No
- c) If private hydrants, are they inspected and flushed annually? ☐ Yes ☐ No

28. Roof Decks
- a) Are there roof decks? ☐ Yes ☐ No
- b) Perimeter fencing/walls? ☐ Yes ☐ No
- c) Restricted access to roof deck? ☐ Yes ☐ No
- d) What controls in place to monitor and restrict access? \_\_\_\_\_
- e) Roof deck rules in by-laws or leases? ☐ Yes ☐ No

29. Does insured have a program or contract in place to remove snow from roofs? ☐ Yes ☐ No

30. Are the Roofs Flat or Peaked? Flat ☐ Peaked ☐

31. Do you control the account? ☐ Yes ☐ No
32. Who is the incumbent carrier? \_\_\_\_\_
33. Have you ever had a flood loss? ☐ Yes ☐ No
34. If your answer to question #33 was yes, was this loss covered by insurance? ☐ Yes ☐ No
35. Who is the Property Manager? \_\_\_\_\_

Insured's Signature & Title: \_\_\_\_\_ Producer's Signature: \_\_\_\_\_

**FRAUD STATEMENT:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## GNY Underwriting Procedures

### GNY Pond Underwriting Questionnaire

Named Insured \_\_\_\_\_ Date \_\_\_\_\_

1 – Will the insured commit to providing a secure fence to secure the perimeter of the pond? Yes\_\_\_ No\_\_\_

Comments:

2 – Is there more than one pond on the insured's premises? Yes\_\_\_ No\_\_\_

3 – What is the distance between the pond and the closest living area? \_\_\_\_\_

4 – Is the risk best described as a family oriented complex or an adult community?  
family oriented\_\_\_ adult community\_\_\_ Comments:

5 – How deep is the pond? \_\_\_\_\_

6 – Is the insured aware of the potential for loss and what steps have they taken to minimize the exposure?  
\_\_\_\_\_

7 – Have the residents been advised of the exposure and have they been advised as to how to safeguard their children?

Yes\_\_\_ No\_\_\_ Comments:

8 – Have any warning signs or notices been posted around the property relative to the pond? Yes\_\_\_ No\_\_\_

Comments:

9 – Is the pond man made or natural? \_\_\_\_\_

10 – Are there suction points in the pond for the circulation or movement of the water?

Yes\_\_\_ No\_\_\_ Comments:

11 – If there are suction points are they protected in such a way that they will not pull down a person that is in the pond? N/A\_\_\_ Yes\_\_\_ No\_\_\_

Comments:

12 – Are there playground areas in the complex or outside the complex but near the pond? Yes\_\_\_ No\_\_\_

13 – Is this decorative pond used for any other purposes? Yes\_\_\_ No\_\_\_

Comments:

14 – Please provide us with an inspection contact that will be able to provide us with details concerning the pond exposure.

Name:

Title:

Phone Number:

.....