

Program Administrator:

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This insurance is Underwritten by Zurich:

Zurich American Insurance Company
American Zurich Insurance Company
American Guarantee and Liability Insurance Company
Zurich American Insurance Company of Illinois

CITY PROGRAM (CITY LANDLORD, CITY MULTI-FAMILY, CITY CONDO) – Insurance Program Application

SECTION I: ELIGIBILITY

Buildings/Exposures:

The following risks **are eligible and in scope for this insurance program:**

- Residential properties 2-100 units
- Mixed use buildings with less than 50% sq. ft. of mercantile exposure
- 2 to 20 stories
- Total Insured Values of \$25 million or less per location / amount subject
- Buildings must have current occupancy of 75% or more*, OR
 - Must be new construction/Gut rehab* **Apartment** buildings – that have at least 40% residential occupancy at inception with at least 75% occupancy at renewal.
 - Must be new construction/Gut rehab* **condos/coops** – that have a minimum of 25% pre-sold units at inception with at least 10% occupied within 30 days of the policy effective date and 75% occupancy at renewal. *gut rehab completed in the last 3 months from signed application

I acknowledge that I have read the above and have confirmed with the insured that all the underwriting criteria set forth above is satisfied. Yes No

Buildings/Exposures:

The following risks **are ineligible and out of scope for this insurance program:**

- Risks are ineligible when any of the following Occupancies exists:
 - Buildings 100% owner occupied (Condos/Coops are exempt)
 - Any risks operating under any chapter of the U.S. bankruptcy code
 - Homeless Shelter/Emergency Shelter
 - Assisted living, mental health facilities or rehabilitation centers of any kind
 - SRO (Single Room Occupancy)
 - Sponsor Owned Units
 - Artist Loft
 - Senior Housing
 - Student Housing (over 50% undergraduate residents)
 - Multiple building complexes with large shared recreation or parking areas
 - Armed Security
 - Vacant Land
 - Marina Slips
 - Golf Courses
 - Playgrounds
 - Risk that hosts flea markets, amusement rides, concerts or other special events
 - Passenger transportation services whether provided by the insured or contracted out to third party
 - Short Term Rentals (Residential or Commercial, e.g. Including but not limited to Airbnb; Retail Pop-Up Shops)
 - Community Associations that rent their common facilities to non-unit owners or service liquor (other than free of charge)

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- Tanning Beds owned or operated by the insured
- Risks are ineligible when any of the following Building characteristics exists:
 - Roofing Materials: wood shake/shingle, T-lock
 - Roofing Type: four-sided gambrel-style hip roofs and Mansard roofs
 - Roof Solar panels
 - Roof Antenna/ Cell Towers
 - Buildings with Wood shake shingle siding
 - Buildings older than 25 years, must have had their roof, electrical, plumbing, HVAC systems updated in the last 25 years with annual maintenance
 - Buildings located in CO and MO must have had their roof replaced in the last 17 years

I acknowledge that I have read the above and confirmed with the insured that all the underwriting criteria set forth above is satisfied. Yes No

- Risks are ineligible when any of the following electrical systems exists:
 - Federal Pacific Electric(FPE) Stab-lok circuit breakers or Zinsco electrical panel are ineligible
 - Cloth wiring is ineligible
 - Pushmatic/Bulldog circuit breakers are ineligible
 - Sylvania/Challenger electrical is ineligible
 - Knob and Tube electrical wiring is ineligible.
 - Edison/ Screw type Fuses are ineligible.
 - Buildings with Cartridge/ S type fuses are only eligible if the electrical system provides at least 60 amps per unit
 - Buildings with Aluminum wiring are ineligible unless the wiring has been repaired through" pig-tailing", CO/ALR devices, Copalum Crimpt connector or AlumiConn
 - Blakeman Bros panels are ineligible
 - Wadsworth Electrical panels are ineligible
 - Frank Adams Panel (Pre-1960s) are ineligible
 - Bryant Panels (pre 1980s) are ineligible
 - Westinghouse Panels (pre 1990s) are ineligible
 - Murray Branded is ineligible

I acknowledge that I have read the above and confirmed with the insured that all the underwriting criteria set forth above is satisfied. Yes No

Mercantile:

Risks are ineligible when any of the following mercantile occupancies exists:

- Commercial operations being operated by the same named insured
- Any mercantile tenant consisting of a non-profit city or state sponsored social service entity, agency or affiliation
- Laundromats
- 24-hr operation mercantile unit
- Live entertainment, bars, nightclubs, dance halls, adult entertaining or any occupancy with a cabaret license
- Schools (public/private)
- Places of worship (e.g. Churches/Synagogues)
- Daycare. This includes first party and third-party operations
- Dry Cleaning with onsite cleaning
- Check cashing
- Tire shops
- Auto Repair shops
- Pawn shops
- Paint stores
- Kiddie Play gyms
- Party/Catering Halls

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- Woodworking shops
- Bath houses
- Manufacturing of any kind
- Commercial Cooking operations with more than 35% Liquor sales

I acknowledge that I have read the above and confirmed with the insured that all the underwriting criteria set forth above is satisfied. Yes No

Risk Transfer

Risk transfer requirements must be satisfied through written contract for the following parties: commercial tenants and 3rd party vendors/contractors. If risk transfer requirements are not satisfied, as outlined below, the risk is ineligible and out of scope for this insurance program.

- Insured is provided with certificate of insurance as proof of liability insurance
- Must have Commercial General Liability minimum limit of \$1,000,000 for Each Occurrence with a General and Products-Completed Operations Liability Aggregate Limit of \$2,000,000.
- Insured must be added as Additional Insured and held harmless by all applicable parties

I acknowledge that I have read the above and confirmed with the insured that all the underwriting criteria set forth above is satisfied. Yes No

Loss History:

Buildings with any of the types of claims set forth below are **ineligible**:

- Violent acts, such as assault, rape, or shootings
- Class action lawsuits
- Construction defect lawsuits
- Habitability, wrongful eviction

Are you, or the insured, aware of any of the types of claims set forth above? Yes No

SECTION II: APPLICANT INFORMATION

Type of Ownership:

Named Insured:

Mailing Address:

C/O:

City:

State:

Zip Code:

SECTION III: POLICY TERM

Effective date:

Expiration date:

SECTION IV: BUILDING(S) / LOCATION

Location Address:

City:

State:

Zip code:

County:

Territory:

SECTION V: BUILDING(S) / INFORMATION

Is this building owner-occupied? Yes No

Occupancy Type:

Condominium by-laws: (all-in or bare walls):

of Residential Units:

Total Sq Ft.:

Residential Sq Ft.:

of Stories:

Construction Type:

Year Built:

| | | | | |
|--|-------------|---|--|---------------------|
| Year of Updates: | | | | |
| HVAC: | Electrical: | Choose an item. | Roof: | Plumbing: |
| # of Buildings: | % Occupied | | Presold: | |
| Any Building Code violations in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are there any Pools? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the Pool fenced with a self-locking gate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Parking Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Parking Lot sq. Ft: | | |
| Are there any EV Charging stations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Which level of EV charging? (Select one) <input type="checkbox"/> Level 1 Charging: 120-Volt <input type="checkbox"/> Level 2 Charging: 208-240 Volt <input type="checkbox"/> Level 3 Charging: 400-900 Volt | | |
| Merces Present? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Commercial Sq Ft.: | | Commercial Sq Ft %: |
| Commercial Supplement | | | | |
| Type of commercial tenants (check all that apply): <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Restaurants/Commercial Cooking <input type="checkbox"/> Other | | | | |
| All commercial tenants must do all the following: | | | | |
| <ul style="list-style-type: none"> • Indemnify and Hold the landlord harmless • Provide at least \$50K in "Damages to Rented Premises" coverage (If commercial cooking is conducted, see below.) • Provide and Maintain at least \$1M (each occurrence) General Liability Insurance Limits • Tenants' insurance must include the landlord as an Additional Insured • Provide Certificates of Liability Insurance to the landlord annually • If Liquor is served, each tenant provides and maintain at least \$1,000,000 Liquor Liability Limits • If any of the tenants cook for business purposes <ul style="list-style-type: none"> • There is a UL-300 compliant fire suppressant system at the location that is maintained/ inspected regularly • Provide \$250K in "Damages To premises Rented To you" coverage | | | | |
| All commercial tenants must have a tenant agreement contract or lease that expressly requires tenants to do the following: | | | | |
| <ul style="list-style-type: none"> • maintain sidewalks; • handle snow/ice removal; • comply with all applicable laws, codes, statutes and regulations applicable to the property; • defend and indemnify landlord for breach of such obligations; • maintain insurance covering tenant's indemnity obligations under the lease; • Include landlord as an additional insured on such insurance for all liabilities arising out of tenant's use of the demised premises, including abutting sidewalks | | | | |
| <p>I acknowledge that I have read the above commercial tenant requirements and confirmed with the insured that all commercial tenants have satisfied said requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | |
| Other Exposures | | | | |
| Is an adjacent property, building or lot, under construction or vacant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Garage: <input type="checkbox"/> None <input type="checkbox"/> Attached <input type="checkbox"/> Detached | | | Garage sq. ft.: | |
| Are any buildings at this location soft story? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have all soft story buildings been retrofitted with steel frame, bracing dampers or shear walls? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| Is the garage used for commercial purposes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain how this garage is used for commercial purposes: | |
| Value of any detached garage structures: | |
| Is this a historic building or in a designated landmark district? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the property have a porch, deck, or balcony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does it have horizontal railings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the building interior, sidewalks and surroundings inspected frequently for visible signs of hazards or disrepair and are such hazards or disrepair remedied promptly? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this location a new purchase? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

New Purchase Supplement

Listing/Purchase Price: \$

Replacement Cost to Rebuild: \$

Year Built?

Occupancy type?

Short Term Rentals (Residential or Commercial, e.g. Including but not limited to Airbnb; Retail Pop-Up shops) are not eligible.

Buildings older than 25 years – Has the roof and building systems been updated in the last 25 years?

Yes No

Was a Pre-buyers/ Appraisal report conducted on this property?

Yes No

Will all life safety and high hazard items noted to the insured prior to purchase be fixed prior to policy inception?

Yes No

SECTION VI: LIFE SAFETY

Does the property include the following lifesaving / safety requirements?

Yes No

| Construction | 1 to 4 Stories | 5 -7 Stories | 8 - 20 Stories |
|---|---|---|--|
| Non-Combustible, Modified Fire Resistive, Fire Resistive | 30 units and under - Battery smoke detectors - 2 exits per floor or - 1 exit with length of exit travel <75ft.* | 30 units and under - Battery smoke detectors - Illuminated exit signs or emergency lighting - 2 exits per floor or enclosed stairwell | One of the following three options: 1. central station alarm 2. manual pull alarm 3. 24-hour doorman/watchman And either an intercom system or an annunciator panel |

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| | | | |
|------------------------|--|---|---|
| | <p>Over 30 units</p> <ul style="list-style-type: none"> - Battery smoke detectors - Illuminated exit signs (waived if emergency lighting installed)* - Emergency lighting* (required in all buildings with 4 floors) - 2 exits per floor or enclosed stairwell* (if more than 8 units per floor – 2 exits per floor is required) | <p>Over 30 units</p> <ul style="list-style-type: none"> - Battery smoke detectors - Illuminated exit signs (waived if emergency lighting installed) - Emergency lighting - 2 exits per floor | <p>And these requirements:</p> <ul style="list-style-type: none"> - Standpipe or partial sprinklered - If built after 1999 - fully sprinklered - Battery or hard-wired smoke detectors - Emergency lighting - 2 exits per floor |
| Joisted Masonry | <p>30 units and under</p> <ul style="list-style-type: none"> - Battery smoke detectors - 2 exits per floor or 1 exit with length of exit travel <75ft.* | <p>30 units and under</p> <ul style="list-style-type: none"> - Battery smoke detectors - Illuminated exit signs or emergency lighting - 2 exits per floor or enclosed stairwell | Ineligible |
| | <p>Over 30 units</p> <ul style="list-style-type: none"> - Battery smoke detectors - Illuminated exit signs (waived if emergency lighting installed)* - Emergency lighting* (required in all buildings with 4 floors**) - 2 exits per floor or enclosed stairwell* (if more than 8 units per floor – 2 exits per floor is required) | <p>Over 30 units</p> <ul style="list-style-type: none"> - Battery smoke detectors - Illuminated exit signs (waived if emergency lighting installed)* - Emergency lighting* - 2 exits per floor | |
| Frame | <p>30 units and under</p> <ul style="list-style-type: none"> - Battery smoke detectors - 2 exits per floor | Ineligible | Ineligible |
| | <p>Over 30 units</p> <ul style="list-style-type: none"> - Battery smoke detectors - Illuminated exit signs (waived if emergency lighting installed)* - Emergency lighting* (required in all buildings with 4 floors) - 2 exits per floor or enclosed stairwell* (if more than 8 units per floor - 2 exits per floor is required) | | |

SECTION VII: BUILDING / LOCATION COVERAGES

| | | |
|---------------------------------|-------------------------------|--------------------|
| Building Limit (Agreed Value): | Valuation: Replacement Cost | Inflation Guard 2% |
| Business Income (Agreed Value): | Extended Period of Indemnity: | |
| Business Personal Property: | Inflation Guard 4% | |
| Household Personal Property: | Additional Living Expense: | |
| Windstorm/Hail Deductible: | Water Damage Deductible: | |

Additional Property Coverages

| | | | | |
|---|------------------|----------------------------|--|--|
| Building Ordinance (Increased Cost of Construction & Demolition): INCLUDED | | | | |
| Back-up of Sewer and Drains: Included up to TIV limit | | | | |
| Earthquake Limit: | | Earthquake Deductible: | | |
| Flood Limit: | | Zone Factor: | | Flood Deductible: |
| Inland Marine Coverages | | | | |
| Jewelry Limit: | | Silverware Limit: | | Fine Art Limit: |
| Camera Limit: | | Bicycle Limit: | | Musical Instrument Limit: |
| Liability Coverage | | | | |
| Commercial General Liability Limit: | | | Personal Liability Limit: | |
| SECTION VIII: POLICY COVERAGE | | | | |
| Property (All Other Perils) Deductible: | | | | |
| Habitability Coverage: | | | | |
| Non-Owned and Hired Auto: | | | # of Employees: | |
| If yes, have the drivers had any MVR violations in the past 3 years? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employee benefits liability: | | | Are there more than 60 Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Crime: | | | Crime Deductible: | |
| Number of officers or employees who handle funds | | | | |
| SECTION IX: CURRENT OR PRIOR CARRIER/POLICY INFORMATION | | | | |
| Are any of the buildings submitted new construction or renovated down to studs in the past 3 years? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, has all the construction and/or renovation work been completed? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does any building have any renovations currently underway or planned within the next 3 years? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Insured use a property management company for this risk? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, has the property management company been in operation for less than 5 years? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have all buildings submitted had continuous property and liability insurance in place for the past 3 years? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, explain: | | | | |
| Carrier: | | Annual Premium: | | Expiration Date: |
| Has the policy or coverage been cancelled or non-renewed during the past 3 years? <i>(Not applicable for Missouri applicants)</i> | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain: | | | | |
| Has any building had a Property or General Liability claim(s) in the last 3 years AND/OR ever had a lead or mold complaint, claim or lawsuit? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any affiliates of insured have had violations, claims, complaints filed against | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of Loss | Loss Type | Description of Loss | Total Incurred Amount | Claim Status |
| | | | | |
| | | | | |
| | | | | |

SECTION X: ADDITIONAL INTEREST

Type: Additional Named Insured Property: Mortgagee/Loss Payee Property: 2nd Mortgagee/Loss Payee

Name:

Address:

City:

State:

Zip:

Location:

Loan #:

SECTION XI: SIGNATURE

By checking this box, I certify that the information contained in this application has been reviewed by the insured, I have informed the insured that this information is required and directly material to the underwriting of this risk and is correct to the best of my knowledge.

Terms:

Applicant/Named Insured:

Coverage: Commercial Package

Insurer(s)

Property: Zurich American Insurance Company

GL: Zurich American Insurance Company of Illinois

Auto: American Zurich Insurance Company

Crime: Zurich American insurance Company

Proposed Policy Term:

Cost: 1 Year Policy

Term Premium: \$

Fee/Tax: \$

Total Cost: \$

E-Signature to Bind This Policy

by selecting "I Agree" and typing in your name it shall serve as your electronic signature confirming that you have authority to act on behalf of the Customer, that the Customer agrees to the terms, conditions, and payment obligations of the insurance policy, and that the Customer has elected to purchase the insurance policy based on the quote shown on this page. If any post-bind subjectivities are listed on this page, the Customer has agreed to provide this information to our underwriters for review within 10 business days of the bind order.

I certify that the information contained in this application has been reviewed by the insured, I have informed the Insured that this information is required and directly material to the underwriting of this risk and is correct to the best of my knowledge.

I AGREE

BROKER NAME:

DATE:

Brokerage Name:

Brokerage Phone:

Address:

City:

State:

Zip Code:

Contact Name:

Contact E-mail:

Contact Phone:

SECTION XII: INSPECTION CONTACT

Inspection Contact: Name:

Inspection Contact E-mail:

Inspection Contact Phone:

Ext: