

Please refer to the APPLICATION INSTRUCTIONS for additional details to fill out this form. **THIS APPLICATION MUST BE ACCOMPANIED BY A DEPOSIT AS DETAILED IN THE BILLING SECTION.** [APPLY ONLINE](#) at www.nypiua.com

Questions denoted by (*) are mandatory. Refer to the Application Instructions for more details on items marked with a number (1).

1. PRODUCER INFORMATION (If applicable)

If this is your first submission to NYPIUA, attach a completed Producer Registration Form located at www.nypiua.com. 1

NYPIUA Producer Number*: _____

Producer contact information for this application*:

Producer Name*: _____

Name: _____

Address Line 1* _____

Email: _____

Address Line 2 _____

Phone: (____) _____

City*: _____ State*: _____ Zip*: _____

Fax: (____) _____

2. APPLICATION INFORMATION

Named Insured 1

Entity Type: 2 Individual

First _____ Middle _____ Last _____ Suffix: _____

Suffix: _____ DOB* ____/____/____

Entity Type: Entity

Full Business Name*: _____

DBA 3: _____

Additional Named Insured 1

Entity Type: Individual

Last Name*, First Name*, Middle Name*: _____

Suffix: _____ DOB* ____/____/____

Entity Type: Entity

Full Business: _____

DBA 3: _____

Additional Named Insured 1

Entity Type: Individual

Last Name*, First Name*, Middle Name*: _____

Suffix: _____ DOB* ____/____/____

Entity Type: Entity

Full Business Type: 2

Entity

Contact Details

Phone* Cell Home Work Fax

(____) _____

Phone* Cell Home Work Fax

(____) _____

Email: 4 _____

Mailing Addr Same as Named Insured

Care Of: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____ Zip*: _____ - _____

Country: _____

Contact Details:

Phone* Cell Home Work Fax

(____) _____

Phone* Cell Home Work Fax

(____) _____

Email: 4 _____

Mailing Addr Same as Named insured

Care Of: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____ Zip*: _____ - _____

Country: _____

Contact Details

Phone* Cell Home Work Fax

(____) _____

Phone* Cell Home Work Fax

(____) _____

Email: 4 _____

Mailing Addr Same as Named Insured

Care Of: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____ Zip*: _____ - _____

Country: _____

3. INSPECTION CONTACT INFORMATION

Same as Named Insured

Name of Contact Person for Inspection* 1: _____

Contact Person Phone #*: (____) _____

4. PROPERTY INFORMATION

Location of Property to be Insured* 1: Same as mailing address

Address Line 1* _____

Address Line 2 _____

City*: _____

State*: _____ Zip*: _____ - _____

Home Style*: Residential Dwelling Apartment Condominium

Co-op Town/Row House

If Town/Row House, select Number of Family Units within Fire Division:

1 2 3 4 5 More than 5

If Mobile/Trailer Home, select Foundation Type:

On Continuous Masonry Foundation

Not on Continuous Masonry Foundation

Square Footage*: _____

If location has any of the following, refer to instructions for attachment criteria.

Burglar Alarm: 4 * Central Station Local Burglar Alarm

None Police Station Reporting Alarm

Fire Alarm: 4 * Central Station Local Fire Alarm

None Fire Department Reporting Alarm

Sprinkler System: 5 * None

Automatic sprinklers in all areas including attics, bathrooms, closets, attached structure(s)

Automatic sprinklers in all areas except attics, bathrooms, closets, attached structure(s) that are protected by a fire detector

Building Information

Protection Class (if known): _____

Distance to Fire Station*: Within 5 miles Greater than 5 miles

Water Supply/Distance to Fire Hydrant*: 0-1000 feet +1000 feet

Responding Fire Station Name*: _____

Fire District Name*: _____

Year Built*: _____

Construction Type 2*: Frame Masonry Veneer Masonry

Superior Construction – Masonry Fire Resistive

Superior Construction – Masonry Non-Combustible

Superior Construction - Non-Combustible

Mixed (More than 33.5% Frame)

Mixed Less than or equal to 33.5% Frame)

Number of Stories 3*: _____

5. OCCUPANCY INFORMATION

Is this application for personal property in a commercial building? * **1**

Yes No

If Yes, Commercial Building Type*: Habitational Manufacturing

Hotels and Motels with Restaurants Specifically Rated

Hotels and Motels with Limited Cooking Restaurants

Mercantile, Non Manufacturing and Warehouse

Property Usage* **2**: Primary (Non-Seasonal) Seasonal Secondary
If Seasonal Months Used From: _____ to _____

Number of Families* **3**: 1 2 3 4 5 More than 5

Number of Roomers/Boarders* **4**: 1 2 3 4 5 More than 5

Use of Basement*: None Rental Other _____

Is this building being newly constructed?* Yes No

If Yes, Construction Start Date*: _____
End Date*: _____

Is the work continuous and ongoing?*: Yes No

Who will do the work?* (Select as many that apply)

Professional Builder or Contractor Self

Have the required permits been obtained?*: Yes No

Building Occupied By* **6**: Owner Tenant 100% Vacant

If 100% Vacant and not undergoing reconstruction or renovation, complete Supplement NY AL 00 29 Part A and B.

If 100% Vacant and undergoing reconstruction or renovation, complete Supplement NY AL 00 29 Part A and C.

Is any part of the property vacant?* **7**: Yes No

If Yes, complete Supplement NY AL 00 29 Part D

6. COVERAGES

Requested Policy Effective Date* **1** : ____/____/____

Coverage Selection* **2**:

Coverages (select one)	Perils (select one)	Must complete section...
<input type="checkbox"/> Basic DP 01	<input type="checkbox"/> Fire <input type="checkbox"/> Fire and Extended Coverage ¹ <input type="checkbox"/> Fire, Extended Coverage ¹ and Vandalism or Malicious Mischief	(A) Basic DP 01
<input type="checkbox"/> Broad DP 02 ²	<input type="checkbox"/> Fire, Extended Coverage ¹ , Vandalism or Malicious Mischief, and Broad Form Perils ³	(B) Broad DP 02

Notes: 1. Extended Coverage includes Wind, Hail, Smoke, Aircraft, Vehicle, Riot, and Civil Commotion (Note: Vandalism or Malicious Mischief and Broad Form Perils are not available on vacant or unoccupied risks). 2. DP02 Broad coverage is not available on vacant/unoccupied buildings, mobile homes or homes under construction/reconstruction. 3. Broad Form Perils include Property Damage by Burglars (not theft of property), Falling Objects, Weight of Ice, Snow or Sleet, Accidental Discharge of Steam, Sudden Cracking of a Steam or Hot Water System, Freezing, Sudden Damage from Artificial Electric Currents.

(A) Basic DP 01 **1**

Basic DP 01* - Must enter a limit for either Coverage A or Coverage C.

Coverage Name	Included Limits	Requested Limits	Coverage Options
Dwelling (Coverage A)	N/A	\$	
Other Structures ¹ (Coverage B)	10% of Coverage A included ³	N/A	
Personal Property ² (Coverage C)	N/A	\$	
Rental Value ^{1,2} (Coverage D)	20% of Coverage A included	\$	
Additional Living Expense ² (Coverage E)	N/A	\$	

Notes: 1. Any payment under this coverage reduces the limit of liability under Dwelling (Coverage A) by the amount paid for the same loss. 2. Not available for vacant or unoccupied buildings. 3. Additional coverage may be purchased for other structures. See Optional Coverages section.

Optional Coverages – Select as many optional coverages as you'd like to apply.

Coverage Name	Requested Limits	Coverage Options
<input type="checkbox"/> Ordinance or Law	10%	10% of one of the following selected: • Dwelling (Coverage A) • Improvements, Alterations and Additional Tenant and Co-Op Unit Owner • Building Items Condo Unit-Owner
<input type="checkbox"/> Automatic Increase in Insurance	N/A	<input type="checkbox"/> 2% <input type="checkbox"/> 4% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10% <input type="checkbox"/> 12%
<input type="checkbox"/> Assisted Living Care Coverage	N/A	Complete section 8A
<input type="checkbox"/> Gravemarkers	\$	Cannot exceed \$5,000
<input type="checkbox"/> Loss Assessment Property Coverage	\$	
<input type="checkbox"/> Permitted Incidental Occupancies	N/A	Complete section 8B
<input type="checkbox"/> Structure Not Rented to Others	N/A	Complete section 8C
<input type="checkbox"/> Structure Rented to Others	N/A	Complete section 8D
<input type="checkbox"/> Trees, Shrubs, and Other Plants		Include Windstorm or Hail perils?*: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Windstorm or Hail Coverage – Awnings, Signs and Outdoor Radio & Television Equipment	N/A	Complete section 8E
<input type="checkbox"/> Improvements, Alterations, and Additional Tenant and Co-Op Unit Owner – 10% Coverage C included ¹	\$	
<input type="checkbox"/> Building Items Condo Unit-Owner	\$	

(B) Broad DP 02 **4**

Broad DP 02* Must enter a limit for either Coverage A or Coverage C.

Coverage Name	Included Limits	Requested Limits	Coverage Options
Dwelling (Coverage A)	N/A	\$	
Other Structures (Coverage B)	10% of Coverage	N/A	

Broad DP 02* Must enter a limit for either Coverage A or Coverage C.

Coverage Name	Included Limits	Requested Limits	Coverage Options
Personal Property (Coverage C)	N/A	\$	
Rental Value (Coverage D)	20% of Coverage A	\$	
Additional Living Expense (Coverage E)	additional insurance ¹	\$	
Trees, Shrubs, and Other Plants ³	5% of Coverage A additional insurance	N/A	Include Windstorm or Hail perils?*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Improvements, Alterations, and Additions Tenant and Co-op Unit Owner	10% of Coverage C additional insurance ¹	\$	

NOTES: 1. This coverage is additional insurance. 2. You may use up to 20% of Dwelling (Coverage A) limit of liability for both Fair Rental Value (Coverage D) and Additional Living Expense (Coverage E). This coverage is additional insurance. 3. Perils Insured Against Fire or Lightning, Explosion, Riot or Civil Commotion, Aircraft, Vehicles not owned or operated by you or a resident of the Described Location, or Vandalism or Malicious Mischief, including damage during a burglary or attempted burglary, but not theft of property.

Optional Coverage – Select as many optional coverages as you'd like to apply.

Coverage Name	Requested Limits	Coverage Options
<input type="checkbox"/> Automatic Increase in Insurance	N/A	<input type="checkbox"/> 2% <input type="checkbox"/> 4% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10% <input type="checkbox"/> 12%
<input type="checkbox"/> Assisted Living Care Coverage	N/A	Complete section 8A
<input type="checkbox"/> Gravemarkers	\$	Cannot exceed \$5,000
<input type="checkbox"/> Loss Assessment Property Coverage	\$	
<input type="checkbox"/> Permitted Incidental Occupancies	N/A	Complete section 8B
<input type="checkbox"/> Structure Not Rented to Others	N/A	Complete section 8C
<input type="checkbox"/> Structure Rented to Others	N/A	Complete section 8D
<input type="checkbox"/> Windstorm or Hail Coverage – Awnings, Signs and Outdoor Radio & Television Equip.	N/A	Complete section 8E
<input type="checkbox"/> Building Items Condo Unit-Owner	\$	

7. EXPOSURE & DEDUCTIBLES**Loss Settlement Basis* ①:**

Acutal Cash Value
 Replacement Cost Building and Personal Property (Wrap Around policies only)
 Replacement Cost Building (Wrap Around policies only)
Windstorm Protective Devices* ②:
 All openings are covered by storm shutters
 All openings are covered by hurricane laminated glass

Deductible(s) ②

All Perils Deductible*:
 \$100 \$250 \$500 \$1,000 \$2,500
Higher Windstorm Deductible*:
 None \$1,000 \$2,000 \$5,000 1% 2% 5%
Higher Windstorm Catastrophe Deductible*:
 None \$1,000 \$2,000 \$5,000 1% 2% 5% 10%
Note: 10% option only available when Dwelling Coverage A is \$500,000 or greater

8. COVERAGE SUPPLEMENT

For each corresponding optional coverage selected in section 6, provide any mandatory fields denoted with an asterisk (*).

A. Assisted Living Care Coverage ①

Basic Limits: \$10,000 Personal Property (Coverage C)
\$6,000 Additional Living Expense (Coverage E)

B. Permitted Incidental Occupancies ②

Business Description*: _____

Relative Name*: _____

Limit* (enter at least one of the following): _____

Residency Name*: _____

Household Personal Property Limit: \$ _____

Address Line 1*: _____

Contents of the Incidental Occupancy Limit: \$ _____

Address Line 2*: _____

Merchandise in Storage Limit: \$ _____

City*: _____

State*: _____ Zip*: _____ - _____

Coverage C Increased Limit*: \$ _____

C. Structure Not Rented to Others ③

#	Description of Structure*	Limit*
1		\$
2		\$

D. Structure Rented to Others ④

#	Description of Structure*	Limit*
1		\$
2		\$

E. Windstorm or Hail Coverage ⑤

Awnings If selected, provide Limit*: _____

Signs If selected, provide Limit*: _____

Outdoor Radio and Television Equipment If selected, provide Limit*: _____

9. VALUATION

Complete if applying for Dwelling (Coverage A) and Location of Property to be Insured is within the 5 boroughs (Bronx, Brooklyn, Manhattan, Queens, Staten Island).

This information helps to explain the amount of insurance selected at the time of application but does not determine the value at the time of loss:

Cost of Improvement* \$ _____ Annual Rental Income (if applicable) \$ _____

Estimated Fair Market Value* \$ _____ Replacement Cost Value* \$ _____

Valuation Date* ____/____/____ Purchase Price \$ _____

Check the valuation method used to establish the amount of insurance*: Replacement Cost Replacement Cost Less Physical Depreciation

Who Determined the Value?* _____

10. LOSS INFORMATION

List, by location, all losses in the last 5 years on any property in which the applicant has or had a financial interest. ①

No Losses in the last 5 years (if selected, continue to the next section)

Cause of Loss*	Loss Date*	Insurance Carrier Name*	Policy Number*	Location of Loss*	Loss Status*	Claim Amount*
						\$
						\$
						\$

NOTE: List any additional losses in Remarks section.

11. ADDITIONAL INTERESTS

#1
 Type* ①: 1st Mortgagee 2nd Mortgagee
 3rd Mortgagee Lienholder
 Loan/Contract Number* ②: _____
 Name*: _____
 Address Line 1*: _____
 Address Line 2: _____
 City*: _____
 State*: _____ Zip*: _____ - _____

#2
 Type*: 1st Mortgagee 2nd Mortgagee
 3rd Mortgagee Lienholder
 Loan/Contract Number*: _____
 Name*: _____
 Address Line 1*: _____
 Address Line 2: _____
 City*: _____
 State*: _____ Zip*: _____ - _____

#3
 Type*: 1st Mortgagee 2nd Mortgagee
 3rd Mortgagee Lienholder
 Loan/Contract Number*: _____
 Name*: _____
 Address Line 1*: _____
 Address Line 2: _____
 City*: _____
 State*: _____ Zip*: _____ - _____

Note: List any additional interests in Remarks section

12. GENERAL INFORMATION

Unless otherwise indicated, explain all "Yes" responses in Remarks section. If applying for Personal Property (Coverage C) only, complete only question O.

A. Date building was purchased* _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. ① Are any mortgage payments overdue for 3 months or more? (If Yes, list the date of last payment and the # of payments in arrears)* _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Is building for sale?* _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is property in foreclosure?* _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Any business conducted on premise?* If Yes, list type of business(es) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. ② Are there any outstanding recorded violations of fire, safety, health, building, or construction codes at this location?* If Yes, describe and give dates of violations _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. ③ Has anyone with a financial interest in this property been convicted of arson, fraud or other crime related to loss on property during the last five (5) years?* If Yes, give conviction date(s) and name of person(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. ④ Are the real estate taxes overdue by one year or more?* If Yes, attach copy in remarks & agreement with city, if any _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Is the water, sewage, electricity, or heat out of service?* If Yes, explain lack of services _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Is there a governmental order to vacate or destroy the building or has the building been classified as uninhabitable structurally unsafe?* If Yes, attach government orders and give date and reason. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Did applicant ever have coverage with NYPIUA on this property? If Yes, give policy # and expiration date.* _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Did the applicant ever have coverage on this property with another company?* If Yes, give Company, Policy #, Expiration Date, and Reason for Termination ⑥ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Is there any other insurance in force or applied for on this property?* If Yes, provide insurance carrier name and policy type ⑦ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Is applicant other than an individual owner or sole proprietorship?* If Yes, list all principals.* ⑦ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Is there unrepainted damage at the location to be insured?* If Yes, explain* _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. Is there a day care center on premises?* If Yes, are there more than 2 providers (Y/N)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. REMARKS

14. BILLING

Choose a payment plan* (Note: All installments will include a \$6 installment fee) ①:

- Plan A: Full Pay
- Plan B: Deposit + 2 installments
- Plan C: Deposit + 4 installments
- Plan D: Deposit + 7 installments

Do you currently have another policy with NYPIUA?* ③: Yes No

If Yes, provide Policy Number(s)*: _____

Bill To* ②:

First Named Insured 1st Mortgagee Other If Other, provide,

Name*: _____

Address Line 1*: _____

Address Line 2: _____

City*: _____

State*: _____

Zip*: _____

NOTE: THE PAYMENT ACCEPTED WITH THIS APPLICATION IS FOR DEPOSIT PURPOSES ONLY. ACCEPTANCE OF A DEPOSIT IS NOT AN AGREEMENT TO INSURE. IF COVERAGE IS DECLINED, THE DEPOSIT WILL BE RETURNED. MINIMUM DEPOSIT: NOTE: THE MINIMUM DEPOSIT SHOULD INCLUDE \$75 FOR EACH \$50,000 OF COVERAGE OR ANY FRACTION THEREOF. MINIMUM DEPOSIT \$50 IF HOUSEHOLD FURNISHINGS COVERAGE. CALCULATE DEPOSITS SEPARATELY FOR BUILDING AND HOUSEHOLD FURNISHINGS. DEPOSIT ENCLOSED* ④: \$ _____

15. PRODUCER'S STATEMENT/SIGNATURE

I HEREBY CERTIFY THAT I AM A LICENSED AGENT/BROKER OF NEW YORK STATE. IN THE EVENT COVERAGE IS EFFECTIVE AND THEN CANCELLED OR INSURANCE THEREUNDER TERMINATED OR A CHANGE IS MADE RESULTING IN A RETURN PREMIUM DUE, I AGREE TO RETURN MY PROPORTIONATE SHARE OF COMMISSION ON SUCH PREMIUM.

SIGNATURE OF PRODUCER _____ DATE _____

BY FURNISHING YOUR EMAIL ADDRESS, YOU CONSENT TO HAVING NYPIUA PROVIDE RECORDS TO YOU ELECTRONICALLY. YOU ACKNOWLEDGE THAT THE POLICY, AND ANY AND ALL POLICY RECORDS, WILL BE DEEMED TO HAVE BEEN DELEIVERED IF SENT TO THE FOLLOWING EMAIL ADDRESS: _____

16. APPLICANT'S STATEMENT SIGNATURE

THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT AN INSPECTION MAY BE MADE OF THIS PROPERTY. I (WE) UNDERSTAND THAT THIS REQUEST IN NO WAY BINDS ANY COMPANY TO AFFORD INSURANCE ON THE DESCRIBED PROPERTY. INSPECTION(S) MADE UNDER THIS PROGRAM AND ANY REPORT OF THE INSPECTION(S) IS FOR INSURANCE UNDERWRITING PURPOSES. REGARDLESS OF WHETHER A POLICY IS ISSUED, NEITHER THE INSURER, THE NEW YORK PROPERTY INSURANCE UNDERWRITING ASSOCIATION, THE INSURANCE SERVICES OFFICE, NOR ANY COMPANY REPRESENTED THEREBY, WILL BE LIABLE FOR ANY INJURY OR DAMAGE CLAIMED TO ARISE FROM THE INSPECTION(S), THE INSPECTION REPORT(S) OF THE PHYSICAL CONDITION OF THE PREMISES, OMISSIONS FROM SUCH INSPECTION(S) OR REPORT(S), OR FROM COMPLIANCE OR NON-COMPLIANCE BY THE PROPERTY OWNER OR OTHERS WITH THE RECOMMENDATIONS, IF ANY, CONTAINED IN SAID INSPECTION REPORT(S). NOTHING CONTAINED IN OR OMITTED FROM SAID INSPECTION REPORT(S) SHALL BE CONSTRUED TO INFER OR IMPLY THAT THE HAZARDOUS PHYSICAL CONDITIONS, IF ANY, SO NOTED OR OMITTED, CONSTITUTE ALL SUCH CONDITIONS EXISTING ON THE PROPERTY AT THE TIME OF SAID INSPECTION(S). PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORT(S) TO THE NEW YORK INSURANCE DEPARTMENT, THE NEW YORK PROPERTY INSURANCE UNDERWRITING ASSOCIATION, INSURANCE SERVICES OFFICE, INSURERS AND MY (OUR) AGENT(S) OR REPRESENTATIVE(S).

BY SIGNING THIS APPLICATION I (WE) CERTIFY THAT I (WE) HAVE AN INSURABLE INTEREST IN THE PROPERTY, THAT I (WE) OR MY (OUR) INSURANCE REPRESENTATIVE HAVE MADE A DILIGENT EFFORT IN THE NORMAL INSURANCE MARKET TO OBTAIN THIS INSURANCE, AND THAT ALL STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY (OUR) KNOWLEDGE, TRUE.

IMPORTANT

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS STATED ABOVE. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THE PROPOSED INSURED AFFIRMS THAT THE FOREGOING INFORMATION IS TRUE AND AGREES THAT THESE APPLICATIONS SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY. I FURTHER UNDERSTAND AND AGREE THAT ONLY UPON RECEIPT OF A PROPERLY COMPLETED APPLICATION ACCOMPANIED BY THE APPROPRIATE DEPOSIT, AND ONLY AFTER APPROVAL BY THE ASSOCIATION WILL THIS APPLICATION BE CONSIDERED BINDING

SIGNATURE OF APPLICANT* _____ DATE _____

17. ELECTRONIC DELIVERY AUTHORIZATION

Please complete supplement **NY AL 00 45**