



NEW YORK MUNICIPAL INSURANCE RECIPROCAL
Insuring Our Own Future.

INSURANCE APPLICATION

GENERAL INSTRUCTIONS AND INFORMATION

1. Please complete all appropriate sections. Any section that does not apply should be marked "NA" for Not Applicable.
2. Please complete the automobile and building schedules. These sections can be supplemented with ACORD forms.
3. In addition to the above, the following items are necessary in order for us to quote your municipality:
 - A. Copy of latest budget.
 - B. Five years of currently valued loss information (New York State law requires insurance companies to deliver this information within 10 days of request.)
4. Information provided in this application does not guarantee that coverage and or limits of insurance will be provided for all exposures requested. Please check your quote thoroughly.

Proposed effective date of policies: ____ / ____ / ____

Date premium quote is needed*: ____ / ____ / ____

***We require a minimum of 30 days between the submission of a complete application (including supplemental information) to provide a quote. Additional time may be needed if the expiring premium exceeds \$250,000.**

PLEASE RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:

NEW YORK MUNICIPAL INSURANCE RECIPROCAL
12 Metro Park Road, Ste. 208
Colonie, NY 12205-1139
(518) 437-1171
Please do not fax submissions.

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

GENERAL MUNICIPAL INFORMATION

Name of Municipality _____ County _____

Address _____

Telephone Number _____ Fax Number _____

Chief Executive/Title _____ Risk Manager _____

Contact Person/Title _____

Agency and Broker _____ Telephone Number _____

E-Mail Address _____ Fax Number _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Population: _____ Total # of Employees: _____

Number of full-time, salaried professional employees: _____

Engineers _____

Attorneys _____

of District Attorneys _____

of Assistant District Attorneys _____

of Other Municipal Attorneys _____

Does your municipality participate or cooperate in any joint activities with other municipalities (i.e. Mutual Assistance agreements, construction or maintenance projects, police or fire protection, etc....)? Yes ____ No ____

**If yes, please provide copies of agreements.*

Is ATV and or snowmobile use permitted on the municipality's public streets and roads?

Yes ____ No ____

***If Yes, please provide a copy of the municipality's local law or ordinance relating to street and road usage for ATV's and snowmobiles.**

If not provided, coverage for ATV's and snowmobiles is excluded.

Authorized Signature Required: _____

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

Note: A Subscriber's initial capitalization contribution will be adjusted whenever a significant material change in exposure is disclosed in a subsequent inspection and/or appraisal.

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

CURRENT INSURANCE PROGRAM

| <u>LINE OF COVERAGE</u> | <u>LIMIT</u> | <u>DEDUCTIBLE*</u> | <u>PREMIUM</u> |
|---|--------------|--------------------|----------------|
| PROPERTY | _____ | _____ | _____ |
| - VALUABLE PAPERS | _____ | _____ | _____ |
| - ACCOUNTS RECEIVABLE | _____ | _____ | _____ |
| GENERAL LIABILITY | _____ | _____ | _____ |
| OCP | _____ | _____ | _____ |
| AUTOMOBILE LIABILITY | _____ | _____ | _____ |
| AUTOMOBILE PHYSICAL DAMAGE | _____ | _____ | _____ |
| MUTUAL AID | _____ | _____ | _____ |
| UMBRELLA / EXCESS LIABILITY | _____ | _____ | _____ |
| PUBLIC OFFICIALS (E & O) | _____ | _____ | _____ |
| LAW ENFORCEMENT LIABILITY | _____ | _____ | _____ |
| BOILER & MACHINERY/EQUIPMENT BREAKDOWN | _____ | _____ | _____ |
| INLAND MARINE | _____ | _____ | _____ |

* PLEASE INDICATE "SIR" IF THE AMOUNT SHOWN IS ACTUALLY A SELF-INSURED RETENTION.

INLAND MARINE SCHEDULE

| | <u>LIMIT</u> | <u>DEDUCTIBLE*</u> |
|--|--------------|--------------------|
| CONTRACTORS EQUIPMENT | _____ | _____ |
| POLICE/FIRE VEHICLE EQUIPMENT | _____ | _____ |
| EDP EQUIPMENT & SOFTWARE | _____ | _____ |
| RADIOS | _____ | _____ |
| CAMERAS | _____ | _____ |
| FINE ARTS AUTO/PHYSICAL DAMAGE** | _____ | _____ |
| OTHER (Describe) | _____ | _____ |

* \$250 MINIMUM DEDUCTIBLE WITH EXCEPTION of AUTO/PHYSICAL DAMAGE-(See Below)

** ELIGIBLE VEHICLES ARE DUMPS LARGER THAN 10,000 LBS AND SPECIALTY TRUCKS, i.e. GARBAGE TRUCKS, SWEEPERS, ETC. MINIMUM DEDUCTIBLE OF \$500 APPLIES-PLEASE ATTACH COPIES OF EQUIPMENT SCHEDULES.

NOTE: Please schedule mobile equipment licensed for road use on the Auto Liability Policy

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

MUNICIPAL EXPOSURE INFORMATION

PLEASE PLACE AN "X" NEXT TO ANY OF THE FOLLOWING EXPOSURES, WHICH FALL UNDER THE OPERATIONS OF YOUR MUNICIPALITY.

SECTION I – FOR EXPOSURE ITEMS CHECKED "X" IN SECTION I, PLEASE COMPLETE THE CORRESPONDING PAGES 7 & 8.

- | | |
|--|--|
| 1. STREETS & ROADS _____ | 15. SKI FACILITIES _____ |
| 2. WATER DEPARTMENT _____ | 16. BLEACHERS/ GRANDSTANDS _____ |
| 3. ELECTRIC DEPARTMENT _____ | 17. STADIUMS _____ |
| 4. SEWAGE DISPOSAL _____ | 18. DAY CARE NURSERIES _____ |
| 5. GARBAGE COLLECTION _____ | 19. DAMS/RESERVOIRS* _____ |
| 6. BEACH/ LAKE OPERATIONS _____ | 20. EMERGENCY MEDICAL PERSONNEL _____ |
| 7. SWIMMING POOLS _____ | 21. FAIRS/ FESTIVALS _____ |
| 8. FIRE DEPARTMENT _____ | 22. HOUSING DEPARTMENT _____ |
| 9. CONCESSION STANDS _____ | 23. SKATING/ ROLLER RINK/ SKATEBOARD PARK _____ |
| 10. GOLF COURSES _____ | 24. FIREWORKS _____ |
| 11. TRANSPORTATION SYSTEMS _____ | 25. JAILS _____ |
| 12. WHARVES/ WATER FRONT PROPERTY _____ | 26. ZOOS _____ |
| 13. MARINAS/ BOATYARDS _____ | 27. WATERCRAFT _____ |
| 14. CARNIVALS/ AMUSEMENT RIDES _____ | 28. INDUSTRIAL DEVELOPMENT AGENCY (IDA)** _____ |

* Existence hazard coverage (trips and falls) due to the existence of dams, dikes, levees or reservoirs is automatically included. IF DOWNSTREAM DAM FAILURE IS BEING REQUESTED YOU MUST SUBMIT A COMPLETED QUESTIONNAIRE FOR EACH MUNICIPAL DAM AND A COPY OF THE MOST RECENT INSPECTION DONE BY THE NEW YORK STATE – DEPARTMENT OF ENVIRONMENTAL CONSERVATION MUST BE INCLUDED FOR EACH DAM.

** SEE SEPARATE APPLICATION.

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NOTE: NO AVIATION LIABILITY IS AVAILABLE THROUGH NYMIR

MUNICIPAL EXPOSURE INFORMATION (Cont.)

FOR EACH ITEM IN SECTION I WHICH YOU PLACED AN "X", PLEASE COMPLETE THE FOLLOWING:

| | | | |
|-----|-------------------------------|----------------------------------|----------|
| 1. | STREETS AND ROADS | # OF MILES | _____ |
| 2. | WATER DEPARTMENT/UTILITY | PAYROLL | \$ _____ |
| 3. | ELECTRIC DEPARTMENT//UTILITY | PAYROLL | \$ _____ |
| 4. | SEWER FACILITY | # OF MLES | _____ |
| | (a) SEWER FACILITY | PAYROLL | \$ _____ |
| 5. | GARBAGE COLLECTION | PAYROLL | \$ _____ |
| 6. | BEACH/LAKE OPERATIONS | # OF BEACHES/LAKES | _____ |
| | | # OF USE MONTHS | _____ |
| 7. | SWIMMING POOL (S) | # OF POOLS | _____ |
| 8. | FIRE DEPARTMENT | | |
| | (a) VOLUNTEER FIRE DEPARTMENT | Please "X" if separately insured | _____ |
| | | NAME OF CARRIER | _____ |
| 9. | CONCESSION STANDS | RECEIPTS | \$ _____ |
| 10. | GOLF COURSES | RECEIPTS | \$ _____ |
| 11. | TRANSPORTATION SYSTEMS: | # OF LOCATIONS | _____ |
| | (a) < 50 BUSES | SQ. FT OF TERMINALS | _____ |
| | (b) WATERCRAFT | RECEIPTS | \$ _____ |
| | (c) AIRPORTS * | | _____ |
| | (d) RAIL EQUIPMENT | RECEIPTS | \$ _____ |
| 12. | WHARVES/WATERFRONT PROPERTY | SQ. FEET | _____ |
| 13. | MARINAS/BOATYARDS | SQ FEET | _____ |
| | | RECEIPTS | \$ _____ |
| 14. | CARNIVAL/AMUSEMENT RIDES | RECEIPTS | \$ _____ |
| 15. | SKI FACILITIES | RECEIPTS | \$ _____ |
| 16. | BLEACHERS/GRANDSTANDS/ETC. | | |
| | (a) 100-500 SEATING | # OF LOCATIONS | _____ |
| | (b) 501-1,000 SEATING | # OF LOCATIONS | _____ |
| | (c) 1,000-5,000 SEATING | # OF LOCATIONS | _____ |
| | (d) MORE THAN 5,000 | # OF LOCATIONS | _____ |
| 17. | STADIUMS | SEATING CAPACITY | _____ |
| | | RECEIPTS | \$ _____ |

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18. DAY CARE/NURSERIES

OF CHILDREN

19. DAMS AND RESERVOIR

(Note: If the entity operates more than one dam or reservoir, a separate questionnaire must be completed for each structure)

1. Name of Dam/Reservoir _____
(IF ONLY RESERVOIR, DO NOT COMPLETE THE REMAINDER OF THIS FORM)

Deficiency Code _____ Hazard Code _____

(A N.Y. State DEC inspection report must be submitted for any dam over 30 acre-feet, with a hazard grade of C or higher)

2. Please submit the following:

- The Latest DEC visual inspection, usually one page.
- If there have been any recommendations made, a letter from the DEC or an engineering firm or contractor stating that satisfactory repairs have been made and the recommendations/deficiencies are no longer a problem or no longer exist.

3. Location _____ Year Built _____ Under the direction of: _____

4. a. Name of Tributary rivers: _____

Upstream Downstream

b. Purpose: Flood control Irrigation Water supply Industrial Power
 If power, describe alternate source in event of power failure: _____

c. Construction: Concrete Earthen Steel Sheered Timber Other

d. Dimensions Height _____ Top Width _____ Base Width _____

e. Normal pond measures: Number of acres _____ Acre-feet _____

f. Storage capacity (gallons) Additional storage available in flood state? Yes No

If yes describe: _____

5. Upstream exposure? Yes No Describe, including distance (housing, industrial, complexes, etc.): _____

6. Downstream exposures (indicate if exposure is present, including distance):

- | | | | | | |
|----|-------------------------|------------------------------|-----------------------------|-----------------|---------------|
| a. | Housing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| b. | Other Structures: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| c. | Industrial Complexes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| d. | Public Utilities, type? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| e. | Pumping Stations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| f. | Lower Dams | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| g. | Bridge(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| h. | Highway(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| i. | Railroads(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| j. | Agricultural, type? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| k. | Recreational, type? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| l. | Schools(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| m. | Hospital(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |
| n. | Camp(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: _____ | Number: _____ |

7. Maximum population Down Stream? _____

8. Does the entity have an emergency notification plan? Yes No

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- Describe: _____
 9. Who inspects the dam? _____
 10. How often? _____ Date of last inspection: _____

➤ *Without this questionnaire, downstream exposure cannot be provided*

**MUNICIPAL EXPOSURE INFORMATION
(Continued)**

| | | | |
|----|---|--------------------------|----------|
| 20 | . EMERGENCY MED PERSONNEL | # OF EMPLOYEE ATTENDENTS | _____ |
| | | # OF VOLUNTEERS | _____ |
| | Please "X" if separately insured | INSURANCE CARRIER | _____ |
| 21 | . FAIRS, FESTIVALS | RECEIPTS | \$ _____ |
| 22 | . HOUSING DEPARTMENT | SQUARE FEET | _____ |
| 23 | . SKATE RINKS/SKATEBOARD PARKS | | |
| | (a) ICE SKATING | RECEIPTS | \$ _____ |
| | (b) ROLLER SKATING | # OF RINKS | _____ |
| | (c) SKATEBOARD PARK | # OF PARKS | _____ |
| 24 | . FIREWORKS: SPONSOR'S RISK _____ | # OF LOCATIONS/DAYS | _____ |
| 25 | . JAILS/REFORMATORY CORRECTIONAL INSTITUTIONS: | SQ. FEET | _____ |
| | | # OF JAILS | _____ |
| | | # OF EMPLOYEES | _____ |
| | | # OF INMATES | _____ |
| | | # OF CELLS | _____ |
| 26 | . ZOOS | # OF ZOOS | _____ |
| | | # OF ACRES | _____ |
| 27 | . WATERCRAFT* | # OF WATERCRAFT | _____ |
| | | * DESCRIPTION OF EACH | _____ |

***COVERAGE AVAILABLE FOR WATERCRAFT LESS THAN 25' ONLY.**

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28. INDUSTRIAL DEVELOPMENT AGENCIES (IDA)

After we have the opportunity to review the following information, we should be able to underwrite the exposures.

1. Is the I.D.A. separately insured, with what company? If yes no other questions need to be answered.

2. What is the composition of the I.D.A. board?

3. How long has the I.D.A. been in existence?

4. Has the operation of the I.D.A. changed since its inception?

5. Are there any current or prior losses?

6. Is there any NYS or federal involvement with the I.D.A.?

7. Provide a comprehensive description of the activities of the I.D.A. including any construction operations that may be associated with the I.D.A.

8. Provide a copy of the contract/charter/covering agreement under which the I.D.A. operates.

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9. Does the I.D.A. own any property? Yes/No
If yes, please list.

PUBLIC OFFICIALS LIABILITY COVERAGE
(Application for a Claims Made policy)

1. Does the Municipal Entity presently carry Public Officials Liability or similar insurance? Yes ___ No ___

If Yes: Name of Insurance Carrier _____

Is current coverage provided on an *occurrence* or *claims made* basis? _____
(Please attached loss runs.)

Does current coverage provide unlimited prior acts without restrictions? Yes ___ No ___

Current Deductible _____ Deductible requested with NYMIR _____

2. During the past five years, have there been any incidents, acts, errors, omissions, claims, litigation or threat of litigation (including any Federal, State or Local actions against the Public Entity and/or its employees or officials) which might give rise to a claim? Yes _____ No _____
(If answer is yes, please attach full details.)

3. If the Municipal Entity proposed for this insurance has any subsidiary boards, commissions, authorities or other units operating under its jurisdiction and within an apportionment of its total operating budget, *please include on a separate page a list of all such boards or units* and indicate whether they presently carry their own Public Officials Liability Insurance. If no such units are in operation, please state: _____

4. Are written minutes kept of all board meetings? Yes _____ No _____

5. No similar insurance on behalf of the Municipal Entity has been declined, cancelled or non-renewed or otherwise refused, except as follows: (If answer is none, please state). _____

6. Have any of the following situations occurred with the last three years? *If yes, please attach full details.*

- | | | |
|---|-----------|----------|
| (a) Strike, slowdown or other disruption by the employees | Yes _____ | No _____ |
| (b) Layoff of employees or reduction in services | Yes _____ | No _____ |
| (c) Allegations of unfair or improper treatment regarding employee hiring, remuneration, advancement or termination of employment | Yes _____ | No _____ |
| (d) Disputes involving integration, segregation, discrimination or violation of civil rights | Yes _____ | No _____ |
| (e) Disputes involving zoning classification or land use regulations | Yes _____ | No _____ |
| (f) Any grand jury investigation, recall proceedings or indictments of any public official. | Yes _____ | No _____ |

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*Optional: Extended Employment Practices Liability Available.
Includes - Non Monetary Defense Option and Back Wages.
Please quote Yes _____ No _____

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**PUBLIC OFFICIALS LIABILITY COVERAGE (Cont.)
(Application for a Claims Made policy)**

No fact, circumstance or situation indicating the probability of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any official or member of this entity; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance, or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The person signing this application declares to the best of their knowledge that the statements set forth herein are true. Signing of this Application does not bind the undersigned or the Insurer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued and will be attached to and form part of the policy.

NOTICE TO NEW YORK APPLICANTS: 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.

SIGNATURE REQUIRED

Signed _____
(Chief Executive Officer)

Date _____

Submitted by _____

(Name of Agent)

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

LAW ENFORCEMENT LIABILITY COVERAGE

Do you maintain a Law Enforcement Agency? Yes _____ No _____

If no, who provides Law Enforcement services? _____

If Yes, please complete the following information.

1. Does the Municipal Entity presently carry Law Enforcement Liability or similar insurance? Yes ___ No ___

If Yes: Name of Insurance Carrier _____

Is current coverage provided on an *occurrence* or *claims made* basis? _____
(Please attach loss runs.)

Current Deductible _____ Deductible requested with NYMIR _____

2. During the past five years, have there been any incidents, acts, errors, omissions, claims, litigation or threat of litigation (including any Federal, State or Local actions against the Public Entity and/or Law Enforcement Agency or its employees or officials of each) which might give rise to a claim? Yes ___ No ___
(If answer is yes, please attach full details.)

Please **check or indicate with an "**X**" if your municipality has developed and/or utilizes any of the following policies, procedures and manuals:

| | **Policies/ Procedures | * Manuals |
|------------------------------------|-----------------------------------|------------------|
| Use of Force | _____ | _____ |
| Deadly Force | _____ | _____ |
| Vehicle Hot Pursuit | _____ | _____ |
| Domestic Violence | _____ | _____ |
| Handling of Intoxicated Persons | _____ | _____ |

****Please provide copies of Law Enforcement manuals.****

*****Please provide Policies and Procedures *****

Please provide the following Officer Information: **(Do not count any individual twice)**

ARMED POLICE OFFICERS

of Full Time _____
 # of Part Time _____
 # of TOTAL Hours per
 month for all Part Time _____

UNARMED OFFICERS WITH ARREST AUTHORITY:

of Full Time _____
 # of Part Time _____
 # of TOTAL Hours per month
 for all Part Time _____

CORRECTIONAL OFFICERS:

of Officers _____

 # of Armed with
 Transportation Duty _____

ARMED COURT OFFICERS:

of Part Time Armed Officers _____

 # of TOTAL Hours per month
 for all Part Time _____

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LAW ENFORCEMENT LIABILITY COVERAGE (Cont.)

Who supplies medical services for jail operations? _____
Is a certificate of insurance provided? Yes _____ No _____

No fact, circumstance or situation indicating the probability of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any official or member of this entity; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance, or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The undersigned that are authorized to sign this Application declare to the best of their knowledge, the statements set forth herein is true. Signing of this Application does not bind the undersigned or the Insurer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

NOTICE TO NEW YORK APPLICANTS: 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.

SIGNATURE REQUIRED

Signed _____ Date _____
(Chief Executive Officer)

Submitted by _____
(Name of Agent)

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

GENERAL LIABILITY COVERAGE

(Supplemental questionnaire to be completed when applicant is currently insured on a claims-made basis)

1. Does the Municipal Entity presently carry General Liability or similar insurance? Yes ___ No ___

If Yes: Name of Insurance Carrier _____

Is current coverage provided on an *occurrence* or *claims made* basis? _____
(Please attach loss runs.)

2. During the past five years, have there been any incidents, acts, errors, omissions, claims, litigation or threat of litigation (including any Federal, State or Local actions against the Public Entity and/or its employees or officials) which might give rise to a claim? Yes ___ No ___

(If answer is yes, please attach full details.)



No fact, circumstance or situation indicating the probability of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any official or member of this entity; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance, or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

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SIGNATURE REQUIRED

Signed _____
(Chief Executive Officer)

Date _____

Submitted by _____
(Name of Agent)

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

BUILDING SCHEDULE (Attach additional sheets as necessary)

Name of Municipality: _____

| Building Name/Address | Use | Age/Yr. Built | Const. Type* | Square Feet | # Of Acres | Local Protect. Class | 100% Building Values | 100% Contents Values |
|-----------------------|-----|---------------|--------------|-------------|------------|----------------------|----------------------|----------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Desired Deductible: \$ _____ Coinsurance Percentage 90% _____ 100% _____

*** CONSTRUCTION TYPE:**

1. FRAME - Wood walls and roof
2. MASONRY - Masonry walls and wood roof
3. NC-1 - Metal pre-fabricated
4. NC-2 - Masonry with non-combustible walls/roof
5. MODIFIED FIRE RESISTIVE
6. FIRE RESISTIVE

IMPORTANT NOTE: NYMIR will arrange to appraise all insured buildings with a value in excess of \$100,000 or higher. Upon receipt of the appraisal, the property policy will be endorsed accordingly.

PROTECTION - Please check those that apply:

1. Central station fire alarm
2. Local siren fire alarm
3. Fire alarm connected to Fire Dept.
4. Central station burglar alarm
5. Local siren burglar alarm
6. Burglar alarm to Police Dept.
7. Security force visiting
8. Full sprinkler system
9. Partial sprinkler system
10. Central station sprinkler alarm
11. None

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Note: A Subscriber's initial capitalization contribution will be adjusted whenever a significant material change in exposure is disclosed in a subsequent inspection and/or appraisal.

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VEHICLE/FLEET SCHEDULE (Attach additional sheets as necessary)

NAME OF MUNICIPALITY: _____

| CAR NO. | YEAR | MAKE/MODEL | VIN # | GVW | USE (CLASS CODE) | COST NEW | DEDUCTIBLES | |
|---------|------|------------|-------|-----|---------------------|-------------|---------------|-----------|
| | | | | | | | Comprehensive | Collision |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |

Full glass is available for private passenger vehicles – maximum deductible is \$200 for these vehicles. Check if you want this option _____

Hired Physical Damage Limit: _____ Deductible: _____

(Check if this coverage is primary) _____

| Limits of Liability | |
|------------------------------------|--|
| Medical Payments: | |
| Mutual Aid: | |
| OBEL: | |
| Personal Injury Protection: | |
| Supplementary Uninsured Motorists: | |

