

# BROWNYARD GROUP

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**NOTE: All Questions Must Be Answered**



## PACKAGE & EXCESS APPLICATION FOR LIBRARY PROGRAM

### SUBMISSION REQUIREMENTS (If applicable):

- ACORD Applications
- Statement of Values for Property
- Loss Runs for Current Year and 3 Prior Years
- Schedule of Autos

(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)

1. Named Insured: \_\_\_\_\_
2. Other Entity/DBA(s): \_\_\_\_\_  
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
3.  Assoc  Corp  Individual  Joint Venture  LLC  LLP  LTD  Partnership  S-Corp  Sole Proprietor  Trust  
 Non-Profit  Other: \_\_\_\_\_
4. Principal: \_\_\_\_\_ Title: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Audit Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_
6. Mailing Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP
7. Physical Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP COUNTY  
(\*Attach a list if multiple locations)
8. Business Phone: \_\_\_\_\_ Mobile/Home: \_\_\_\_\_ Fax: \_\_\_\_\_
9. Company Email: \_\_\_\_\_ Website: \_\_\_\_\_
10. Federal ID Number/FEIN: \_\_\_\_\_ License Number: \_\_\_\_\_
11. Policy proposed effective date: \_\_\_\_\_ Date established: \_\_\_\_\_
12. How did you hear about us?  Web surfing  Ad in which publication: \_\_\_\_\_  Other: \_\_\_\_\_
13. Total number of employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
14. Operating Budget: \$ \_\_\_\_\_ Annual Payroll: \$ \_\_\_\_\_
15. Primary funding sources: \_\_\_\_\_ Fundraising activities include: \_\_\_\_\_
16. Professional organizations/memberships: \_\_\_\_\_
17. Do you collect Certificates of Insurance/contracts with vendors?  N/A.....  Yes  No

Outside groups to use the facilities? .....  Yes  No

Do you collect Certificates of Insurance for Liquor Liability if alcohol is served? .....  Yes  No

Are hold-harmless agreements signed when outside groups use the facilities?  N/A .....  Yes  No

Is a vendor or employee responsible for the Library cyber security? .....  Yes  No

Does the Library handle Social Security Number information? .....  Yes  No

Does the Library store Credit/Debit card Information? .....  Yes  No

Is the Library currently under any construction? .....  Yes  No

Is the Library fully ADA compliant? .....  Yes  No

Who maintains your outside property:  Library Staff  Vendor: \_\_\_\_\_

What security measures are used:  Cameras  Alarm System  Other: \_\_\_\_\_

Any structures/buildings on the National Historic Registry .....  Yes  No

Any structures/buildings with special or "unique" features such as engravings or stained glass? .....  Yes  No

If so, please describe:

If a discrimination case has ever been filed against the insured, what were the allegations:

Has applicant, or any other person for whom coverage is being requested, had any application denied, policy cancelled or non-renewed in the past five (5) years?  Yes  No If yes, provide details:

Please disclose all claim/loss information not included on the attached loss runs. Please include any additional detail in regards to large losses within the last 5 years (over 50K).

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.** This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**APPLICATION MUST BE SUBMITTED BY BROKER**

\_\_\_\_\_  
BROKER'S COMPANY

\_\_\_\_\_  
BROKER NAME

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL

**INSUREDS:** To Mail or Fax to YOUR BROKER, click here to Print now.

**BROKERS:** Click here to submit application directly to Brownyard.