



Insurance when you know BETTER®

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-3 MUST be completed
- Current Loss Information – 4 Years
- Excess – Brownyard Application & Auto Loss Runs
- **Note: All Questions Must Be Answered**
- **Brownyard Application Must Be Submitted by Broker**

Business Type: New Business Renewal GL Policy Number – Renewal Only:

Line of Business: General Liability Excess GL Effective Date:

Interested in: Auto (Please attach required forms: ACORD 125, 127, 129, and 137)

Property (Attach req. forms: ACORD 125 and 140) Inland Marine (Attach req. forms: ACORD 125, 146, and 148)

- Insured Company Name: _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
- DBA(s): _____
(List any and all names insured's company is Doing Business As [DBA] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)
- Individual Assoc Corp LLC LLP Partnership C-Corp S-Corp Sole Proprietor Joint Venture Trust
 Non-Profit Other: _____
- Mailing Address: _____
NO. STREET CITY STATE ZIP
- Physical Address*: _____
NO. STREET CITY STATE ZIP
*(*Attach a list if multiple locations)*
- County: _____ NAICS/SIC Code: _____
- Business Phone: _____ Fax: _____
- Company Email: _____ Website: _____
- Federal ID Number/FEIN: _____ License Number: _____
- Principal: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- Audit Contact: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- A. Has the principal(s) of this firm previously operated a similar firm under a different name? Yes No
B. If yes, please provide the former name: _____
- Policy proposed effective date: _____ Date established: _____
- How did you hear about us? Internet Search Social Media Ad in which publication: _____
 Email Word of Mouth Other: _____
- Check limit of General Liability desired: \$300,000 \$500,000 \$1,000,000 Other: _____

21 Maple Avenue • Bay Shore, NY 11706 • www.brownyard.com • info@brownyard.com
Call Toll Free (800) 645-5820 • Phone (631) 666-5050 • Fax: (631) 666-5723

EMPLOYMENT AND TRAINING INFORMATION

16. Total number of employees: _____ Clerical: _____ Techs: _____ Outside Sales: _____

17. Describe training program now in force for non-certified employees:

18. Does training program include a minimum of 4 weeks of on-the-job training with a supervisor? Yes No

OPERATIONS INFORMATION

19. Are you a member of the National Wildlife Control Operators Association (NWCOA)? Yes No

If yes, please provide membership number _____

20. Indicate the percentage of the type of clients you serve (must equal 100%):

_____ % Commercial/Industrial	_____ % Residential (Private Homes)
_____ % Food Processors	_____ % Restaurants
_____ % Hospitals/Healthcare Facilities	_____ % Schools/Daycare Centers (<i>must complete 26B</i>)
_____ % Municipalities	_____ % Attached Housing (Apartments, Condominiums, Townhomes, etc.)
_____ % Other (<i>describe</i>): _____	

21. Do you provide euthanasia services? Yes No If yes, explain:

22. Do you use firearms for wildlife control? Yes No If yes, explain:

23. Do you trap or catch domestic cats or dogs? Yes No

24. Describe procedures for disposal or release of animals:

25. Do you manufacture, private label, sell traps or lures for use by others? Yes No If yes, explain:

26. Do you use or store any restricted-use materials? Yes No If yes, explain:

27. Has any regulatory action been taken against you or your business due to a violation of any federal or state law?

Yes No If yes, explain (what, who, when, fines):

28. Does the Applicant/Owner currently own any other Entities and/or operate any other businesses?..... Yes No

If yes, please answer A-C.

A. Provide name and describe operations: _____

B. Is the Entity/Business still active? Yes No

C. If still active, is there separate General Liability Insurance in place for their operations? Yes No

29. Do you Subcontract work to others?..... Yes No

If yes, please complete A-F.

A. What percentage of your total operations is subcontracted to others? _____ %

B. What are your annual subcontracted costs? \$ _____

C. What type of work is subcontracted to others? _____

D. Do you obtain Certificates of Insurance evidencing General Liability Limits & Workers' Comp Insurance? Yes No

E. Do you require each Subcontractor to add you onto their General Liability Policy as an Additional Insured? Yes No

F. Do you retain all Certificates of Insurance for at least 5 years and make sure insurance is current?..... Yes No

30. LIST ANNUAL PAYROLL/RECEIPTS SEPERATELY BY CATEGORY

CLASSIFICATIONS	ESTIMATED GROSS RECEIPTS	ESTIMATED GROSS PAYROLL	TYPE OF TRAP/BAIT USED
Bat Control	\$	\$	
Birds	\$	\$	
Moles	\$	\$	
Raccoons, Skunks, Squirrels, Opossums	\$	\$	
Rodent Control (rats/mice)	\$	\$	
Snakes	\$	\$	
Other: _____	\$	\$	
Work Subcontracted	\$	\$	

31. Provide your total Annual Gross Sales for the last 3 years:

Expiring Year: \$ _____ 1st Prior Year: \$ _____ 2nd Prior Year: \$ _____

PRIOR GENERAL LIABILITY INFORMATION

32. a. General Liability insurer and claims history for past FIVE years.(Even if there are no losses, please provide insurer history.)

Policy #					
Policy Term					
Insurer					
Premium					
Limits of Liability					
Revenue					
Deductible					
Losses					

b. Has any insurer cancelled or non-renewed your General Liability insurance over the past 5 years Yes No If yes, explain:

COMMERCIAL EXCESS APPLICATION (only if applicable)

1. Expiring Excess policy number (renewal only): _____ Effective Date: _____
2. Check limit of liability desired: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other: _____
3. Underlying Insurance *(Please provide us with copies of the underlying declarations pages and 4 years of currently valued loss runs for policies not written through our office)*

Type	Carrier / Policy Number	Effective Date	Expiration Date	Limits		Premium
General Liability				Per Occurrence		
				Aggregate		
Automobile Liability				Combined Single Limit		Total \$
				Bodily Injury		Liability Only: \$
				Physical Damage		Required if scheduling auto
Employers Liability (Workers' Comp)				Each Accident		
				Disease Policy Limit		
				Disease Each Employee		

Underlying Auto Information (Required if scheduling auto within excess):

1. **Vehicles:**

TYPE		Number Owned	Number Non-Owned	Number Leased
Private Passenger				
Trucks	Light			
	Medium			
	Heavy			
	Ex. Heavy			
Buses				

Total Insurance Value for Auto Fleet

2. **Use:**
 - a. How are vehicles used? _____
 - b. Do autos go outside the US?..... Yes No
 - c. Are any explosives, flammables or other dangerous cargo hauled? Yes No
 - d. Are passengers carried for a fee? Yes No
3. **Drivers:**
 - a. Are employees allowed to use their personal vehicles for business use?..... Yes No
 - b. If yes, does the insured confirm that minimum limits of personal auto insurance is carried? Yes No
 - c. Are employees allowed to use company vehicles for personal use? Yes No
 - d. Can family members drive company vehicles? Yes No
 - e. Does the underlying insurance include Hired/Non-Owned Auto? Yes No
 - f. Are MVRs checked for all drivers?..... Yes No
 - g. Are MVRs regularly checked during their employment? Yes No If so, how often? _____
 - h. If MVR is poor, what corrective action is taken: _____
 - i. Provide a brief explanation of the driver selection process (e.g. age, MVR review, proof of valid driver's license, drivers test, etc.)

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

- **BROKERS:** To submit complete application, please email PDF to info@brownyard.com
- **INSUREDS:** Please save & share with your insurance agent/broker