By the Cover®
Insurance for Libraries

BROWNYARD® GROUP | Insurance when you know BETTER®

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Current Loss Information – 4 Years
- Financials of the last closed fiscal year
- **Note: All Questions and All Page Must Be Completed**
- **Application Must Be Signed and Submitted by Broker**

Policy Number (Renewal ONLY): _____ **Effective Date:** _____

Line of Business: ☐ General Liability ☐ Auto ☐ Property ☐ Inland Marine ☐ Crime
☐ Excess ☐ Workers' Compensation

*****We accept all Acord applications along with excel and/or word document schedules and additional information.*****

1. Insured Company Name: _____
   (Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
2. 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)
3. Individual Assoc Corp LLC LLP Partnership C-Corp S-Corp | Sole Proprietor Joint Venture
   Trust Non-Profit Other: _____
4. Mailing Address: _____
   NO. STREET CITY STATE ZIP
5. Physical Address*: _____
   NO. STREET CITY STATE ZIP
   *(*Attach a list if multiple locations)*
6. Business Phone: _____
7. Company Email: _____ Website: _____
8. Federal ID Number/FEIN: _____
9. Principal: _____ Title: _____
   Direct Phone: _____ Mobile: _____
   Email: _____
10. Loss Control Inspection Contact: _____
    Direct Phone: _____ Mobile: _____
    Email: _____
11. 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: _____
12. Date established: _____
13. How did you hear about us? Internet Search Social Media Ad in which publication: _____
    Email Word of Mouth 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

OPERATIONS

1. Total number of employees: _____ Full Time: _____ Part Time: _____
2. Years in business: _____ Years under current ownership:_____
3. Operating Budget: $_____ Annual Payroll: $_____
4. Primary Funding Source: _____
5. Fundraising Activities Include: _____
6. Professional Organizations/Memberships: _____
7. Do you collect Certificates of Insurance/contracts with vendors? N/A Yes No
8. Do you allow outside groups to use the facilities? Yes No
9. Do you collect Certificates of Insurance for Liquor liability if alcohol is served? Yes No
10. Are hold-harmless agreements signed when outside groups use the facilities? N/A Yes No
11. Is a vendor or employee responsible for the Library cyber security? Library Staff Vendor _____
12. Does the Library handle Social Security Number information? Yes No
13. Does the Library store Credit/Debit card information? Yes No
14. Is the Library currently under any construction? Yes No
15. Is the Library fully ADA compliant? Yes No
16. Who maintains your outside property? Library Staff Vendor _____
17. What security measures are used? Cameras Alarm System Other: _____
18. Are any structures/buildings on the National Historic Registry? Yes No
19. Are any structures/buildings with special or "unique" features such as engravings or stained glass? Yes No
    If yes, please describe: _____
20. Has there ever been a discrimination case filed against the insure? Yes No
    If yes, what were the allegations: _____
21. Has the applicant, or any other person for whom coverage is being requested, had any applications denied, policy cancelled, or non-renewed in the past 5 years? Yes No If yes, please provide details:
    _____
    _____
22. Please disclose all claim/loss information not included on the attached loss runs. Please include any additional detail in regards to large losses withing the last 5 years (over $50k). _____
    _____
    _____

INLAND MARINE INFORMATION (*If applicable*):

23. Is equipment stored in a locked location when not in use? ❑ Yes ❑ No
24. Does equipment travel on public roads for any reason? ❑ Yes ❑ No If yes, please explain: _____
    _____

AUTO INFORMATION *(If Applicable)*:

Please include the following documents with your auto submission:

• Full Fleet & Drivers Schedule including VIN's and MVR's •Any formal Driving/Safety polices enforced by the insured
• Pre-hire vetting policy • Maintenance Policy • Vehicle take-home policy • Driver training practices

1. Are employees required to complete incident reports? ❑ Yes ❑ No
2. Are any insured vehicles operating cranes or booms? ❑ Yes ❑ No
3. Are vehicles used for snow plowing? ❑ Yes ❑ No
4. What percentage of driving is within 50 miles? _____
5. Complete chart below as is applicable to company's vehicle operations:

TYPE		Number Owned	Number Non-Owned	Number Leased
Private Passenger				
Trucks/Vans	Light			
	Medium			
	Heavy			
	Ex. Heavy			
Other – Describe:				

6. **Use:**
   a. How are vehicles used? _____
   b. Are any explosives, flammables or other dangerous cargo hauled? ..... Yes No
   c. Are passengers carried for a fee? ..... Yes No
7. **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 are carried? ❑ Yes ❑ No
   c. Are employees allowed to use company vehicles for personal use? ❑ Yes ❑ No
   d. Do family members drive company vehicles? ❑ Yes ❑ No
   e. Are MVR's checked for all drivers and/or regularly checked during their employment? ❑ Yes ❑ No
   f. If MVR is poor, what corrective action is taken? _____
   g. Provide a brief explanation of the driver selection process (*i.e. age, MVR review, proof of valid driver's license, etc.)*:
   _____
   _____

CRIME INFORMATION (*If applicable*):

It is suggested, if not required by state, that cemeteries carry "Employee Theft Coverage" equal to 10% of their total financial assets with a minimum limit of $15,000 and a maximum limit of $500,000.
How much does the insured request?

COMMERCIAL EXCESS APPLICATION (only if applicable)

1. Check limit of liability desired: ❑ $1,000,000 ❑ $2,000,000 ❑ $3,000,000 ❑ $4,000,000 ❑ $5,000,000 ❑ Other: _____
2. 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*)

WORKERS COMPENSATION (only if applicable)

1. Expiring WC policy number (renewal only): _____ Effective Date: _____
2. Description of clients and description of the duties performed:
   a. _____ b. _____
   c. _____ d. _____
   e. _____ f. _____
3. Are autos used in your business? Yes No
   If yes, please describe how and where they are used: _____
   _____
   _____

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.

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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.

Applicable in DC: 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.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment of other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: 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.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

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

BROKER 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 and share with your insurance agent/broker.