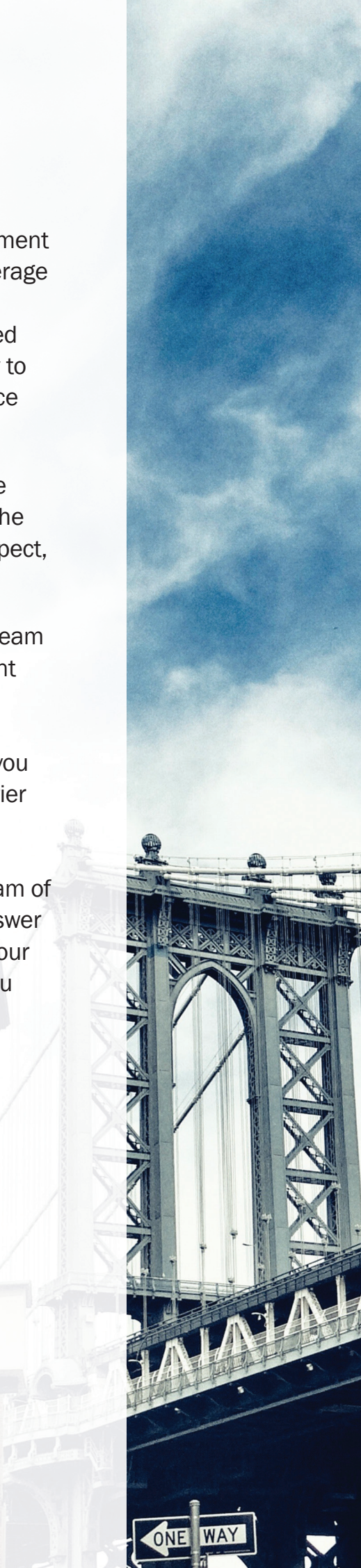





# RSA Insurance Agency

ONE WAY





As a New York City apartment building owner, you understand the importance of protecting your investment and you need the most cost-effective insurance coverage options available to help you minimize your risk. At **RSA Insurance Agency**, we know that the unexpected sometimes happens in life and so, we work tirelessly to provide our clients with a standard of care and service that translates to peace of mind.

Our goal at **RSA Insurance Agency** is to offer you the best and broadest coverage, tailor-made for you, at the most competitive price, while providing you with **R**espect, **S**ervice and **A**ccountability you can rely upon.

Let **RSA Insurance Agency** get to work for you. Our team will begin with a comprehensive review of your current policy, at no cost to you. With access to hundreds of top-rated insurance carriers, we will then search for alternatives that will save you money, while offering you the proper coverage required from an insurance carrier which will be there for you when you need them.

At **RSA Insurance Agency**, our priority is you. Our team of dedicated insurance professionals is available to answer questions, explain coverages, and assist with all of your insurance needs. We look forward to working with you

***Contact us today to get started!***

**RSA Insurance Agency**



## INSURANCE APPLICATION

<b>To be completed for each building</b> (If you own more than 5 buildings, please call for a spreadsheet)				
RSA Member Number		Owner's Name		Effective Date of Insurance
<b>INSURED INFORMATION</b>				
Named Insured (Should match the legal name on property deed)				
Mailing Address		City/State		Zip Code
Cell #	Business or Home #	E-mail Address	Fax #:	
<b>CONTACT INFORMATION</b>				
Contact Name for Inspection		Title/Relationship to Owner		Contact #:
				Contact Email:
<b>BUILDING INFORMATION</b>				
Insured Location/ Building Address		City/State		Zip Code
Select type of building: <input type="checkbox"/> Apartment House <input type="checkbox"/> Apartment with restaurant exposure <input type="checkbox"/> Apartment with commercial space <input type="checkbox"/> SRO (Single Room Occupancy)				
Select type of construction (the exterior of your building): <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Fire Resistive				
Building Insurable Value/ Replacement Cost Value (Total Sq. Ft. of Bldg. X \$200 - \$300): \$				Year Built
Year Renovated				
Annual Rental Income (Monthly Rents X 12): \$		Personal Property (Owner Occupied Only): \$		
Property Deductible: (Select One): <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			Number of Years Bldg. Owned?	
# of Floors:	If more than two floors, are there fire escapes or another means of egress above the second floor? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Units:	Residential Sq. Ft. (L x W x # of floors):	Occupancy rate (%):
# of Comm. Units:	Comm. Occupancy (Type of Business)	Comm. Sq. Ft.	Certificates on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of management for this building: <input type="checkbox"/> Live-in-super <input type="checkbox"/> Owner occupied <input type="checkbox"/> Management Company (24 hour service) <input type="checkbox"/> None/ Self-Managed				
Please provide year in which each of the following were updated (if done over time indicate most recent year):				
Roof _____	Electrical Wiring _____	Boiler _____	Plumbing _____	
Does the property meet all the current state and local life safety codes? <input type="checkbox"/> Yes <input type="checkbox"/> No				



Is there a Restaurant on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are cooking surfaces ANSUL protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is liquor served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does building have an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, are inspection certificates on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Elevators
Do all units have smoke/carbon monoxide detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Battery or <input type="checkbox"/> Hardwire		Do all common areas have sprinkler systems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Illuminated EXIT signs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Children in occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> No; If so, #:		Do windows have windows guards? (as required): <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Lead-Based Paint cvg required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs/Cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, #: _____ Breed(s)?	How are the housekeeping and building conditions? <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average	
Current insurance carrier/ company?		Current insurance premium?	
Name of mortgage company			
Address of mortgage company		City/State	Zip Code
<b>BROKER AUTHORIZATION</b>			
I give permission to RSA Insurance Agency to approach insurance markets, on my behalf, in the interest of obtaining insurance proposals and quotes for coverage required.			
Signature		Date	

**The following will also be required in order to provide accurate quoting:**

3-5 years of Loss History Reports/ Loss Runs/ Loss Experience is required by all insurance carriers

Please request this report from your current or former broker, as this documentation is required regardless of your claim history.

A copy of the Declarations Pages of your current policy



# RSA Insurance Agency

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**TEL:** (212) 214-9351

**FAX:** 212-732-0708

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