



All Boro Brokerage, Inc.

378 Avenue "P" Brooklyn, NY 11204 Phone: 718-339-5500

Please complete all three pages, and fax to: 718-382-4941

Effective Date of Insurance: _____

Name Insured: _____

Mailing Address: _____

Telephone No: _____ Fax No: _____

Building Address: _____

Contact Name for Inspection: _____ Contact Tel. No.: _____

Amt. of Fire Insurance (Building Value): \$ _____ Year Constructed: _____

Rental Income: \$ _____ Business Personal Property: \$ _____

Property Deductible: (Select One) \$1,000 \$2,500

Would you like any of the optional coverages?

Flood Insurance Yes No

Personal Property Coverage Yes No

(Owner Occupied Only)

Boiler & Machinery Yes No

If yes, how many boilers? _____

None of the Above

Number of Years Building Owned: _____

Type of management for this building:

Live-In Super Owner Occupied Management Company (24 Hour Service) None

Select type of Building:

Apartment House Apartment with Restaurant

Apartment with light industry Apartment with Commercial Space

Select Type of construction:

Wood Frame Masonry Fire-resistant

Is the building currently under renovation? Yes No

If yes, please explain: _____

Are renovations planned? Yes No

If yes, please explain: _____



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Is either building adjacent to this property under renovation? Yes No

If yes, Please explain: _____

Has the insured received any notices, letters or other written communication from anyone regarding lead-based paint contamination or poisoning, elevated blood levels pertaining to a tenant, or orders to abate the presence of lead-based paint in the building? Yes No

If yes, Please explain: _____

Has the insured ever been sued, notified of any intent to sue, or been requested to pay damages with respect to the actual or alleged presence of lead-based paint in the building(s)? Yes No

If yes, Please explain: _____

Are there any painted surfaces at this risk which are peeling, flaking, damaged or otherwise in need of repair? Yes No If yes, are repairs being made? Yes No

Are all habitational units/apartments repainted at least every three to five years? Yes No

Have any doors, windows or other items in the buildings(s) containing lead-based paint, ever been replaced in order to reduce the presence of lead? Yes No

What year were the following updated: Roof _____ Electrical Wiring _____
Boiler _____ Plumbing _____

Does the property meet all the current state and local life safety codes? Yes No

Number of Apartments: _____ Residential Square Footage: _____

Number of Stores/Offices: _____ Commercial Sq. Ft. _____

Type of Commercial Occupancy: _____

Number of Floors: _____ Number of non-window air conditioning units: _____

If more than two floors, are there fire escapes or means of egress above the second floor? Yes No

What is the building occupancy rate: _____ Do all units have smoke detectors: Yes No

Do all windows have window guards? (where necessary) Yes No

Are there any video or surveillance cameras in common areas? Yes No

Is there a swimming pool? Yes No

Is there an intercom/buzzer security system? Yes No

How are the housekeeping and building conditions? Average Above Average Below Average



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Who is your current insurance company? _____

What is your current insurance premium? _____

Name and address of mortgages: _____
