

Commercial Package Application

MCP017M25B8
 Version 3

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Oregano Restaurant Corporation

Form Of Business: Individual Corporation Partnership LLC Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ E-mail Address: _____

Inspection Contact: _____

Coverage Desired: Monoline Liability Monoline Property Monoline Liquor Package

Policy Term: 3 Months 6 Months 9 Months Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)? Yes No

If Yes, provide complete details: _____

What year did the business start? 2021

Loss Information for the past 3 years: None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: Not Applicable

Complete Name	Address	Interest

Description of Operations:

builders risk/renovation

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years? Yes No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO) Yes No

II. Locations of Coverage and Corresponding Classifications

Location #1

Address 1694 Park Ave **City** New York **State** NY **Zip** 10035

Years At Current Location: _____

Construction: Masonry Non Combustible Protection Class: 4
 No. of Stories: _____ Year Built: 1900 Total Square Footage: 2,000
 Years at this location: _____
 Roof Age: _____ Roof Type: Flat Shingle Wood Shake Metal Tile Slate Other _____
 Plumbing: PVC Copper Lead Iron Galvanized Other _____
 Updates: Plumbing: _____ Electrical: _____ Heating: _____

Protective Devices:	<input type="checkbox"/> Functional & operational smoke detectors		
	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Sprinkler System - _____ % of the building		
Cause of Loss:	<input checked="" type="checkbox"/> Special Form <input type="checkbox"/> Broad Form <input type="checkbox"/> Basic Form		
Exclusions:	<input type="checkbox"/> Wind & Hail <input checked="" type="checkbox"/> Sprinkler Leakage <input type="checkbox"/> Theft <input type="checkbox"/> Water Damage		

Deductible: \$500 \$1,000 \$2,500 \$5,000 Other _____

	Coverage	Limit	Additional Information
<input checked="" type="checkbox"/>	Equipment Breakdown	Included in Building and Personal Property	Co-Insurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90 <input type="checkbox"/> 100%

Underwriting Information for Location 1

Classification	Code No.	GL Class Code	Premium Basis	Exposure	Applicable Sq. Ft.
Vacant Buildings - not factories - Other than Not-For-Profit - Leased	1180	68606	Total Area	2000	N/A
Additional Insured - Mortgagee, Assignee or Receiver		49950	Flat	1	
Contractors - subcontracted work - in connection with renovating Vacant Buildings		91592	Total Cost	20000	

How many stories is this building? 5

Is the building currently damaged by fire or otherwise? Yes No

Is the building scheduled for demolition during or after the policy term (except incidental non-load bearing interior work)? Yes No

Are there any structural (load bearing) renovations ongoing or planned during the policy term? Yes No

Is the structure a mobile home? Yes No

Has any tenant been evicted in the past 60 days or is any tenant in the process of being evicted? Yes No

Is the building locked and secured from unauthorized entry? Yes No

Is there a swimming pool on premises? Yes No

Is the building located on an active farm? Yes No

Is the building scheduled for demolition during the policy term (except incidental non-load bearing interior work)? Yes No

How many total acres is the size of the plot of land the Vacant Building is located on? 0

What is the full mailing address of the Additional Insured?
 1710 First Ave Suite 333 New York, NY 10128

What is the name of the Additional Insured? Orsipel LLC

III. Limits of Insurance

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Excluded
General Aggregate	\$2,000,000
General Liability Deductible	\$0

Classification
Contractors - subcontracted work - in connection with renovating Vacant Buildings

Liability

Are certificates of insurance required for all subcontractors naming the applicant as an Additional Insured? Yes No

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed Yes No in **Item II Locations of Coverage and Corresponding Classifications?**

New York Fraud Statement: 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.

Fraud Statement: 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature*: _____ Title: _____ Date: _____

Brokers Signature: _____ (Must be Owner, Officer or Partner) _____ (Required) Date: _____ (Required)

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism, when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



Vacant Building Product

As an owner of a vacant property, do you have the right coverage?

- ▶ Local children enter your building and fall through the floor
- ▶ A fire begins in your vacant building and spreads to surrounding properties
- ▶ While having renovations completed on the property, construction materials fall on a passerby

The following are important features; make sure you have them all:

COVERAGE FEATURES	USLI	COMPETITORS
No restriction on the length of vacancy		
No minimum earned premium or a 25% minimum earned premium even on 3, 6 and 9 month policy terms		
3, 6 and 9 month policy terms		
Can consider buildings undergoing renovations		
Special form and replacement cost available for some risks		
Contents coverage available		
No liability deductible		
Vandalism is included with property coverage for commercial buildings		
Independent contractors coverage available for risks with renovations		
A.M. Best rated A ⁺⁺ Carrier		
A proud member of the Berkshire Hathaway Group		
Policyholders have access to many services through our Business Resource Center that will assist in growing and protecting their businesses		