



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
01/25/2024

AGENCY For-Am Insurance Brokerage Firm Inc. 9 Mott Street Suite 501 New York, NY 10013	CARRIER NAIC CODE:	UNDERWRITER UNDERWRITER OFF.	
PHONE (A/C, No, Ext): 212-334-6829 FAX (A/C, No): 212-334-9711 E-MAIL ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID:		POLICIES OR PROGRAM REQUESTED INDICATE SECTIONS ATTACHED	POLICY NUMBER EQUIPMENT FLOATER GARAGE AND DEALERS INSTALLATION/BUILDERS RISK VEHICLE SCHEDULE ELECTRONIC DATA PROC BOILER & MACHINERY COMMERCIAL GENERAL LIABILITY WORKERS COMPENSATION BUSINESS AUTO UMBRELLA TRANSPORTATION/MOTOR TRUCK CARGO TRUCKERS/MOTOR CARRIER <input checked="" type="checkbox"/> Pollution liability ins

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION								
<input checked="" type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
<input checked="" type="checkbox"/>	BOUND (Give Date and/or Attach Copy):					PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM			DIRECT BILL		
	CANCEL		12:01		PM			<input checked="" type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION									
NAME (First Named Insured & Other Named Insureds) Ling Yang Jiang P.A P.C DBA: Century Dermatology			FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured): 99 Bowery 1st Fl & Basement, New York , NY 10002				
E-MAIL ADDRESS(ES):			WEBSITE ADDRESS(ES):		INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> <input checked="" type="checkbox"/> LLC		CR BUREAU NAME ID NUMBER		DATE BUS STARTED 2024
INSPECTION CONTACT Ling Yang Jiang			ACCOUNTING RECORDS CONTACT						
PHONE (A/C, No, Ext): 646-257-1097 E-MAIL ADDRESS: emilyjiang86@gmail.com			PHONE (A/C, No, Ext):		E-MAIL ADDRESS:				

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED
1	1	99 Bowery 1st Fl & Basement, New York , NY 10002	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	1940	2	800000	100%
			<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 Dermatology Medical Clinic. Request General liability & Pollution insurance for biohazard waste and needle disposal clean up and PERSONAL injuries caused by biohazard waste/needle disposal
 2400 square feet in total for first floor and 2400 for basement

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			<input checked="" type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?			<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input checked="" type="checkbox"/>	REMARKS: Pollution Liability coverage to include (i) bodily injury, sickness, disease, mental anguish or shock sustained by any person or death; (ii) property including physical injury to or destruction or tangible property including the resulting loss of use thereof; (iii) clean up costs & the loss of use of tangible property that has not been physically damaged or destroyed; & (iv) defense, including costs, charges & expenses incurred in the investigation, adjustment or defense of claims for damages, that has not been physically damaged or destroyed; and (iv) defense, including costs, charges and expenses incurred in the investigation, adjustment or defense of claims for damages.		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			<input checked="" type="checkbox"/>	ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.						
APPLICANT'S SIGNATURE			DATE		PRODUCER'S SIGNATURE Lily Lee Leung	
					NATIONAL PRODUCER NUMBER	

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		
GENERAL COMMERCIAL LIABILITY	CARRIER	New - No Prior																
	POLICY NUMBER																	
	POLICY TYPE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RETRO DATE																	
	EFF-EXP DATE																	
	GENERAL AGGREGATE																	
	PRODUCTS COMP OP AGGREGATE																	
	PERSONAL & ADV INJ																	
	EACH OCCURRENCE																	
	FIRE DAMAGE																	
	MEDICAL EXPENSE																	
	BODILY INJURY	OCCURRENCE																
		AGGREGATE																
	PROPERTY DAMAGE	OCCURRENCE																
	AGGREGATE																	
COMBINED SINGLE LIMIT																		
MODIFICATION FACTOR																		
TOTAL PREMIUM																		
AUTOMOBILE LIABILITY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	COMBINED SINGLE LIMIT																	
	BODILY INJURY	EA PERSON																
		EA ACCIDENT																
	PROPERTY DAMAGE																	
MODIFICATION FACTOR																		
TOTAL PREMIUM																		
PROPERTY	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	BUILDING	AMT																
	PERS PROP	AMT																
MODIFICATION FACTOR																		
TOTAL PREMIUM																		
	CARRIER																	
	POLICY NUMBER																	
	POLICY TYPE																	
	EFF-EXP DATE																	
	LIMIT																	
	MODIFICATION FACTOR																	
	TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) CHK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						<input checked="" type="checkbox"/> CLOSED
						OPEN
						<input checked="" type="checkbox"/> CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

01/25/2024

AGENCY For-Am Insurance Brokerage Firm Inc. 9 Mott Street Suite 501 New York, NY 10013	PHONE (A/C, No, Ext): 212-334-6829 FAX (A/C, No): 212-334-9711	APPLICANT Ling Yang Jiang P.A P.C DBA: Century Dermatology (First Named Insured)
CODE: AGENCY CUSTOMER ID:	SUB CODE:	EFFECTIVE DATE EXPIRATION DATE DIRECT BILL AGENCY BILL PAYMENT PLAN Annual AUDIT
		FOR COMPANY USE ONLY

COVERAGES**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	PREMISES/OPERATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$	PRODUCTS
	EACH OCCURRENCE	\$	
DEDUCTIBLES	DAMAGE TO RENTED PREMISES (each occurrence)	\$	OTHER
PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person)	\$	
BODILY INJURY \$	Pollution liability	\$ \$1Mil /\$2Mil	
	Included primary non-contributory and Waiver of subrogation		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

Pollution liability insurance, with limits of \$1,000,000 per occurrence, \$2,000,000 annual aggregate for losses caused by pollution conditions that arise from the operations of Tenant, its contractors, or their sub-contractors, such coverage to include (i) bodily injury, sickness, disease, mental anguish or shock sustained by any person or death; (ii) property damage, including physical injury to or destruction or tangible property, including the resulting loss of use thereof; (iii) clean up costs and the loss of use of tangible property that has not been physically damaged or destroyed; and (iv) defense, including costs, charges and expenses incurred in the investigation, adjustment or defense of claims for damages.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Dermatology Medical		S	800,000					
		Clinic		A	4800					

RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY

(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST

(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT

(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)**EMPLOYEE BENEFITS LIABILITY**

1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS (Please see Leasement requirement - page # 50)

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?			✓	4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			✓
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?			✓	5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			✓
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?			✓	6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			✓
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?			✓	6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			✓
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)			✓	7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			✓
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			✓	8. PRODUCTS UNDER LABEL OF OTHERS?			✓
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?			✓	9. VENDORS COVERAGE REQUIRED?			✓
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			✓	10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			✓

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED		99 bowery LLC			LOCATION: 1	BUILDING: 1
LOSS PAYEE		Building equity management LLC			VEHICLE:	BOAT:
MORTGAGEE		1261 Broadway, Suite 812			SCHEDULED ITEM NUMBER:	
LIENHOLDER		New York, New York 10001			OTHER	
EMPLOYEE AS LESSOR		ITEM DESCRIPTION: management & Bldg Landlord				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			✓	12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			✓
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			✓	13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			✓
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			✓	14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			✓
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?			✓	15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			✓
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			✓	16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			✓
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			✓	17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			✓
7. ANY PARKING FACILITIES OWNED/RENTED?			✓	18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			✓
8. IS A FEE CHARGED FOR PARKING?			✓	19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			✓
9. RECREATION FACILITIES PROVIDED?			✓	20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			✓
10. IS THERE A SWIMMING POOL ON THE PREMISES?			✓				
11. SPORTING OR SOCIAL EVENTS SPONSORED?			✓				

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied).