

**The Brownstone Program**  
 Apartment, Mercantile, Office Supplement  
 Aspen American Insurance Company  
 Mail to: 200 Cordwainer Drive Suite 300 Norwell, MA 02061  
 Fax to: 617-236-6401 Phone: 617-236-6400  
[www.BrownstoneInsurance.com](http://www.BrownstoneInsurance.com)



Named Insured:

	Yes	No	Comments
Are any of the units section 8/subsidized?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many units?
Is building occupied by students?	<input type="checkbox"/>	<input type="checkbox"/>	
Does owner live on premise?	<input type="checkbox"/>	<input type="checkbox"/>	
Is building under renovation?	<input type="checkbox"/>	<input type="checkbox"/>	
Is building vacant?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you allow dogs?	<input type="checkbox"/>	<input type="checkbox"/>	
Lead paint abatement certificate?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a property manager?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a building superintendent?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there parking facilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming pool on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a clubhouse?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there mercantile/restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please list occupants:

	Exposure (nearby structures)	Distance
Right		ft.
Left		ft.
Rear		ft.

Optional Coverage			
	Yes	No	If yes, list annual coverage amt
Loss of rents/business income	<input type="checkbox"/>	<input type="checkbox"/>	\$
Hired & non-owned auto liability	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify that all locations do not contain the following ineligible risks: homeless shelters, temporary shelters, substance abuse programs, student housing, subsidized housing, emergency shelters, mental health facilities, rooming houses, and any non-profit city or state sponsored social service entity.

Applicant Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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 and materially false information or conceals for the purpose of misleading, information concerning and fact material thereto, commits a fraudulent insurance act, which subjects the person to criminal and (NY: substantial) Civil Penalties. \*Not applicable in CO, HI, NE, OH, OK, OR, ME, and VA. Insurance benefits may also be denied.