

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

STANDARD FIRE POLICY FORM FILING COMPLIANCE QUESTIONNAIRE

COMPANY	Co. File No.
Company Contact:	Phone Number:
E-Mail Address:	

Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with Section 3404 of the Insurance Law. Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.

<p>a. Is name and home address of insurer(s) printed on policy?</p> <p>b. Does first page have amount of insurance, rates, premiums?</p> <p>c. Is policy as favorable to insured as 165 lines Standard Fire Policy?</p> <p>d. Is mortgagee given 10 days written notice of cancellation?</p> <p>e. The appraisal provision for disputed ACV or amount of loss provides:</p> <p style="padding-left: 20px;">1. Each party selects an appraiser within 20 days of demand</p> <p style="padding-left: 20px;">2. That if an umpire is not selected in 15 days there shall be selection by a judge of the court of record</p> <p style="padding-left: 20px;">3. Each appraiser is paid by the party selecting him/her</p> <p style="padding-left: 20px;">4. Expenses of appraisal and umpire are shared equally between the parties</p> <p>f. Does the policy provide for suit within 24 months of inception of loss?</p> <p>g. If a binder is submitted for approval as part of a policy, does it contain the following [3404(h)]:</p> <p style="padding-left: 20px;">1. Name and address of insured and additional insureds, mortgagees or lienholders</p> <p style="padding-left: 20px;">2. Description of the property insured</p> <p style="padding-left: 20px;">3. Nature and amount of coverage (including terms of the Standard Fire Policy)</p> <p style="padding-left: 20px;">4. Identity of insurer and authorized representative executing binder</p> <p style="padding-left: 20px;">5. Effective date of coverage</p> <p style="padding-left: 20px;">6. Binder number or policy number (if policy extension)</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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NOTE: All citations in Brackets are to the applicable Section 3404 of the Insurance Law.