

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES**

**STANDARD FIRE POLICY FORM FILING COMPLIANCE QUESTIONNAIRE**

<b>COMPANY</b>	<b>Co. File No.</b>
<b>Company Contact:</b>	<b>Phone Number:</b>
<b>E-Mail Address:</b>	

**Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with Section 3404 of the Insurance Law. Form, page and paragraph references that bring the submission into compliance must be included. Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.**

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

**NOTE: All citations in Brackets are to the applicable Section 3404 of the Insurance Law.**