

**STATE OF NEW YORK
ANTI-ARSON APPLICATION
(NYFA-1) PART 1**

WARNING: This application must be completed and returned by the applicant or insured pursuant to Section 168-j of the New York Insurance Law and Insurance Department Regulation 96.

NAME OF APPLICANT OR INSURED _____
 LOCATION OF PROPERTY _____
 Amount of Insurance \$ _____ Applicant is: Owner Occupant Absentee Owner Tenant Other _____
 OCCUPANCY(IES) _____

VALUATION: This information helps to explain the amount of insurance selected at the time of application, but does not determine the value at the time of loss.

PURCHASE INFORMATION: Date _____ Price \$ _____ Cost of subsequent improvements \$ _____
 Estimated Replacement Cost \$ _____ Estimated Fair Market Value (exclusive of land) \$ _____

For rental properties, indicate the Annual Rental Income \$ _____

Check the valuation method used to establish the amount of insurance:

- Replacement Cost Fair Market Value (exclusive of land)
 Replacement Cost Less Physical Depreciation Other _____

Who determined the value? _____ Attach a copy of any appraisal.

UNDERWRITING INFORMATION: If the answer to any of the following questions is "yes" complete the corresponding numbered section of Part 2.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is the applicant other than an individual or sole proprietorship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any mortgage payments (building or contents) overdue by 3 months or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any real estate tax liens or other tax liens against the property or real estate taxes overdue for one year or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any outstanding recorded violations of fire, safety, health, building or construction codes at this location? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has anyone with a financial interest in this property been convicted of arson, fraud or other crimes related to loss on property during the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the mortgagee other than a federal or state chartered lending institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Except where federal or state chartered lending institutions are the applicants, please furnish the following information:
Have there been fire losses during the past five years exceeding \$1,000 in damages to this property or to any property in which the applicant has an equity interest as an owner or mortgagee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. (a) If the property is commercial, is more than 10% of the rentable space vacant, unoccupied or seasonal? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) If the property is residential, are 5% or more of the apartments vacant, unoccupied or seasonal? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Is the water, sewage, electricity or heat out of service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. OTHER POLICIES: | | |
| (a) Is there any other insurance in force or applied for on this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Has any coverage or policy on this property been declined, cancelled or non-renewed in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has this property been under the ownership of the applicant for less than 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |

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 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.

THE PROPOSED INSURED AFFIRMS THAT THE FOREGOING INFORMATION IS TRUE AND AGREES THAT THESE APPLICATIONS SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

SIGNATURE OF PROPOSED INSURED

TITLE

DATE

INSUREDS SHALL NOTIFY THE INSURER IN WRITING OF ANY CHANGE IN THE INFORMATION CONTAINED HEREIN, UPON RENEWAL OR ANNUALLY WHICHEVER IS SOONER. FAILURE TO COMPLY MAY RESULT IN RESCISSION OF YOUR POLICY.

STATE OF NEW YORK
ANTI-ARSON APPLICATION
(NYFA-1) PART 2

OWNERSHIP INFORMATION:

1. List the names and addresses of:

Shareholders of a corporation Partners, including limited partners Trustees and beneficiaries

Note: List only those possessing an ownership interest of 25% or more, except for close corporations and beneficiaries where all owners should be listed.

NAME	ADDRESS	POSITION	INTEREST
------	---------	----------	----------

2. Mortgage Payments: Mortgagee _____ Date Due _____ Amount Due \$ _____
List any other encumbrances: _____

3. Unpaid Taxes or Unpaid Liens: Type _____ Date Due _____ Amount Due \$ _____

4. Code Violations: Date _____ Describe _____

5. Convictions: Date _____ Describe _____

Name of Person _____

6. Name(s) of Unchartered Mortgagee(s): _____

7. Losses:

Location	Date	Amount	Description
_____	_____	\$ _____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Vacancy and/or unoccupancy:
Indicate seasonal period (if any) when building is unused: _____
For apartment buildings indicate: Total Units _____ Unoccupied Units _____
For other buildings indicate: Vacancy _____% Unoccupancy _____%
For all buildings indicate the following:
Reason for vacancy/unoccupancy: _____
Anticipated date of occupancy: _____
If the building is vacant or unoccupied, indicate how it is protected from unauthorized entry _____

Is there a governmental order to vacate or destroy the building or has the building been classified as uninhabitable or structurally unsafe? YES NO
If water, sewage, electricity or heat is out of service, explain circumstances: _____

Is there unrepaired damage or have items been stripped from the building?
If Yes, Describe: _____

Is the building for sale? If Yes, date put up for sale: _____

9. OTHER POLICIES: Indicate status: (In force, applied for, declined, cancelled or nonrenewed)

Status	Date	Amount of Insurance	Carrier	Policy #
_____	_____	\$ _____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. List all real estate transactions during last 3 years involving this property.

Date	Selling Price	Name of Seller	Amount of Mortgage	Mortgagee
_____	\$ _____	_____	\$ _____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

THE PROPOSED INSURED AFFIRMS THAT THE FOREGOING INFORMATION IS TRUE AND AGREES THAT THESE APPLICATIONS SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

SIGNATURE OF PROPOSED INSURED	TITLE	DATE
-------------------------------	-------	------