

**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 3403 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?	___	___
2. Are any mortgage payments (building or contents) overdue by three months or more?	___	___
3. Are there any real estate tax liens or other tax liens against the property or real estate taxes overdue to one year or more?	___	___
4. Are there any outstanding recorded violations of fire, safety, health, building or construction codes at this location?	___	___
5. Has anyone with a financial interest in this property been convicted of arson, fraud or other crimes related to loss of property during the last five years?	___	___
6. Is the mortgagee other than a federal or state-chartered lending institution?	___	___
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?	___	___
8. (a) If the property is commercial, is more than 10% of the rentable space vacant, unoccupied or seasonal?	___	___
(b) If the property is residential, are 5% or more of the apartments vacant, unoccupied or seasonal?	___	___
(c) Is the water, sewage, electricity or heat out of service?	___	___
9. OTHER POLICIES:		
(a) Is there any other insurance in force or applied for on this property?	___	___
(b) Has any coverage or policy on this property been declined, cancelled or non-renewed in the last three years?	___	___
10. Has this property been under the ownership of the applicant for less than three years?	___	___

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 (IF APPLICABLE)

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 FRAUD 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