



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

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.

APPLICANT	NAME OF APPLICANT OR INSURED			HOME PHONE NO.		
	LOCATION OF PROPERTY (STREET		CITY	STATE	ZIP CODE)	BUSINESS PHONE NO.
	AMOUNT OF INSURANCE \$	APPLICANT IS <input type="checkbox"/> Owner Occupant <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Tenant <input type="checkbox"/> 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 the 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 <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Replacement Cost Less Physical Depreciation <input type="checkbox"/> Fair Market Value (Exclusive of Land) <input type="checkbox"/> Other (Describe) _____			
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 by 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 MATERIALLY 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.

SIGNATURE OF PROPOSED INSURED _____ TITLE _____ DATE _____

INSURED 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 II

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 CLOSED CORPORATIONS AND BENEFICIARIES WHERE ALL OWNERS SHOULD BE LISTED.						
	Name		Address		Position	Interest %	
				
				
				
	2. MORTGAGE PAYMENTS					DATE DUE	AMOUNT DUE
							\$
	LIST ANY OTHER ENCUMBRANCES						
	3. UNPAID TAXES OR UNPAID LIENS					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. 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:							
REASONS 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 GOVERNMENT ORDER TO VACATE OR DESTROY THE BUILDING OR							
HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE? <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> <input type="checkbox"/>							
.....							
IS THE BUILDING FOR SALE? IF "YES," DATE PUT UP FOR SALE: <input type="checkbox"/> <input type="checkbox"/>							

OTHER POLICIES	9. INDICATE STATUS (IN FORCE, APPLIED FOR, DECLINED CANCELLED OR NONRENEWED) OF OTHER POLICIES WHICH INSURE THIS PROPERTY AGAINST FIRE LOSS:				
	Status	Date	Amount of Insurance	Carrier	
	\$	
	\$	
	\$	
	10. LIST ALL REAL ESTATE TRANSACTIONS DURING THE LAST 3 YEARS INVOLVING THIS PROPERTY:				
	Date	Selling Price	Name of Seller	Amount of Mortgage	Mortgagee
	\$	\$
	\$	\$
	\$	\$
.....	\$	\$	

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