

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 New York Insurance Law Section 3403 and 11 NYCRR 62 (Insurance Regulation 96).

NAME OF APPLICANT OR INSURED _____

LOCATON 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.

UNDWRITING 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 over to 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: | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 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

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.