

**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: <input type="checkbox"/> OWNER OCCUPANCY <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER
OCCUPANCY (S) _____	
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: <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 _____	
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 3 MONTHS OR MORE?	_____
3. ARE THERE ANY REAL ESTATE TAX LIENS OR OTHER TAX LIENS AGAINST THE PROPERTY OR REAL ESTATE TAXES OVERDUE OF ONE YR. 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 ON PROPERTY DURING THE LAST 5 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 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 3 YEARS?	_____
10. HAS THIS PROPERTY BEEN UNDER THE OWNERSHIP OF THE APPLICANT FOR LESS THAN 3 YEARS?	_____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OR 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.

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.

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OWNERSHIP INFORMATION:

1. LIST THE NAMES AND ADDRESS 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 CORPORATION BENEFICIARIES WHERE ALL OWNERS SHOULD BE LISTED.

NAME	ADDRESS	POSITION	INTEREST %
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2. MORTGAGE PAYMENTS MORTGAGE _____ 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 MORTGAGEES: _____

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 _____

	YES	NO
IS THERE A GOVERNMENTAL ORDER TO VACATE OR DESTROY THE BUILDING OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE?	_____	_____

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 THE LAST 3 YEARS INVOLVING THIS PROPERTY.

DATE	SELLING PRICE	NAME OF SELLER	AMOUNT OF MORTGAGE	MORTGAGEE
_____	_____	_____	_____	_____

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SIGNATURE OF PROPOSED INSURED

TITLE

DATE
