## STATE OF NEW YORK ANTI-ARSON APPLICATION

(NYFA-1) PART 1

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 **WARNING:** 

NAME OF APPLICANT OR RUBURED  LOCATION OF PROPERTY  AMOUNT OF INSURANCE \$ APPLICANT IS: [] OWNER OCCUPANCY [] ABSENTEE OWNER [] TENANT [] OTHER  OCCUPANCY (6)  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 PRICES COST OF SUBSEQUENT IMPROVEMENTS 3 ESTIMATED FAIR MARKET VALUE (exclusive of lam) \$  FOR RENTAL PROPERTIES, NIDICATE THE ANNUAL RENTAL INCOME \$  CHECK THE VALUATION METHOD USED TO ESTABLISH THE AMOUNT OF INSURANCE: [] REPLACEMENT COST [] REPLACEMENT COST LESS PHYSICAL DEPRECIATION [] OTHER ATTACH A COPY OF ANY APPRAISAL  WHO DETERMINED THE VALUE?  WHO DETERMINED THE VALUE?  IF THE ARSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", COMPLETE THE CORRESPONDING NUMBERED SECTION OF PART 2.  1. IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR SOLE PROPRIETORSHIP?  2. ARE ANY MOSTAGE PAYMENT'S (BULDING OR CONTENTS) OVERDUE BY NONTHS OR MORE?  3. ARE THERE ANY OUTSTANDING RECORDED VOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT THIS LOCATION?  4. HEAS ANY OWN THAN FAMILY AND A FEDERAL OR STATE CHARTERED LENDING INSTITUTION?  7. EXCEPT WHERE FEDERAL OR STATE CHARTERED LENDING INSTITUTIONS ARE THE APPLICANTS, HEASE FURNISH THE FOLLOWING INSTITUTION?  7. EXCEPT WHERE FEDERAL OR STATE CHARTERED LENDING INSTITUTIONS ARE THE APPLICANTS, HEASE FURNISH THE FOLLOWING INFORMATION:  NAVE THERE BEEN ARE LISSES DURING THE PAST THAY YEARS EXCEEDING \$1 NO INDABAGES TO THIS PROPERTY  OF INSTITUTION AND THE LAST S YEARS?  1. OTHER PROPERTY IS RESIDENT, AND REPORTED THE PROPERTY BEEN CONNICTED OF ARROW, FRAUD OR OTHER CRIMES RELATED TO LOSS ON PROPERTY OR HAND A FEDERAL OR STATE CHARTERED LENDING INSTITUTION?  7. EXCEPT WHERE FEDERAL OR STATE CHARTERED LENDING INSTITUTIONS ARE THE APPLICANTS, HEASE FURNISH THE FOLLOWING INFORMATION:  NAVE THERE BEEN ARE LISSES DURING THE PAST THAY YEARS EXCEEDING \$1 NO INDABAGES TO THIS PROPERTY  (I) IS THE REPORTED THE SUMMERCULA, BIN ORC							
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(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 STATEMENT OR CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADIN 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 SHAIL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OF MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL BE GROUNDS TO RECIND THE INSURANCE POLICY.		(c) IS WATER, SEWAGE, ELECTRICITY OR HEAT OUT OF SERVICE?					
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	STAT INFO	EMENT OR CLAIM CONTAINING ANY MATERIALLY FALSE I RMATION CONCERNING ANY FACT MATERIAL THERETO, CO PROPOSED INSURED AFFIRMS THAT THE FOREGOING INFOR STITUTE A PART OF ANY POLICY ISSUED WHETHER AT EPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE	INFORMATION, OR CONCE OMMITS A FRAUDULENT IN RMATION IS TRUE AND AGI TACHED OR NOT AND TI ES SHALL BE GROUNDS TO	ALS FOR THE PURPOSE OF PARTICLE ACT, WHICH IS A REES THAT THESE APPLICAT HAT ANY WILLFUL CONCE RECIND THE INSURANCE PO	MISLEA CRIME FIONS S ALMEN	ADING  SHALI	

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

	NAME		ADDRESS		POSIT	ION	INTEREST %
MORTGAGE	PAYMENTS MORTGAGE		<del></del>	DATE DUE_		AMOUNT DUE	
LIST ANY OT	HER ENCUMBRANCES:						
		TYPE					
CODE VIOLA	TIONS: DATE			DESCRIBE _			
CONVICTION	IS: DATE			DESCRIBE_			
				NAME OF P	ERSON		
NAME(S) OF	UNCHARTERED MORTGAG	EES:					
LOSSES: L	OCATION		DATE		AMOUNT	DESCRIPTION _	
VACANCY A	ND/OR UNOCCUPANCY:						
INDICATE SE	EASONAL PERIOD (IF ANY) V	VHEN BUILDING IS UN	IUSED:				
FOR APARTI	MENT BUILDINGS, INDICATE	: TOTAL UNITS			UNOCCUPIED UNITS		
FOR OTHER	BUILDINGS INDICATE:	VACANCY			% UNOCCUPANCY		
FOR ALL BU	ILDINGS INDICATE THE FOL	LOWING:					
RE	ASON FOR VACANCY/UNOC	CUPANCY:					
	TICIPATED DATE OF OCCUP						
	DING IS VACANT OR UNOCC						
	GOVERNMENTAL ORDER TO URALLY UNSAFE?	O VACATE OR DESTRO	DY THE BUILDING O	R HAS THE BU	ILDING BEEN CLASSIFIE	ED AS UNINHABITABLE	YES NO
IF WATER, S	EWAGE, ELECTRICITY OR H	EAT IS OUT OF SERV	ICE, EXPLAIN CIRC	JMSTANCES: _			
IS THERE UN	IREPAIRED DAMAGE OR HA	VE ITEMS BEEN STRI	PPED FROM THE BU	JILDING? IF YI	ES, DESCRIBE:		
IS THE BUIL	DING FOR SALE? IF YES, DA	ATE PUT UP FOR SAL	E:				
OTHER POL	CIES: INDICATE STATUS:	(IN FORCE, APPLIED I	OR, DECLINED, CA	NCELLED OR I	ONRENEWED)		
	STATUS	DATE A	MOUNT OF INSURA	NCE	CA	ARRIER	POLICY#
LIST ALL RE	AL ESTATE TRANSACTIONS	DURING THE LAST 3	YEARS INVOLVING	THIS PROPER	TY.		
DAT	E SELLING F	PPICE	NAME OF SELI	FR	AMOUNT OF N	IOPTGAGE	MORTGAGEE

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SIGNATURE OF PROPOSED INSURED	TITLE	DATE	