

## 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:  Owner-Occupant  Absentee Owner  Tenant  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 Improvement: \$ \_\_\_\_\_  
 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  Replacement Cost Less Physical Depreciation  
 Fair Market Value (exclusive of land)  
 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 in PART II.

	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 liens against the property or real estate taxes overdue for 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 for arson, fraud, or other crimes related to loss on property during the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the mortgage 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 5 years exceeding \$1,000 in damage 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 rental 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 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 CIRCUMSTANCE 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.**

**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 corporation beneficiaries where all owners should be listed.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position: \_\_\_\_\_ Interest %: \_\_\_\_\_

\_\_\_\_\_

**Mortgage Payments**

2. 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 inhabitable 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 the last 3 years involving this property

Date: \_\_\_\_\_ Selling Price: \_\_\_\_\_ Name of Seller: \_\_\_\_\_ Amount of Mortgage: \_\_\_\_\_ Mortgagee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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