



# NEW YORK PROPERTY

Insurance Underwriting Association

## STATE OF NEW YORK MANDATED ANTI-ARSON APPLICATION PART 1

WARNING: This application must be completed and returned by the applicant or insured pursuant to section (3403) of the New York Insurance Law and Insurance Department Regulation 96.

UNDER LAW, FAILURE TO SUBMIT MAY RESULT IN THE RESCISSION OF YOUR POLICY.

REASON FOR SUBMITTING THIS FORM:

AMOUNT OF INSURANCE

POLICY NO.

NAME OF APPLICANT OR INSURED		LOCATION OF PROPERTY	
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OCCUPANCY

APPLICANT IS: (CHECK ONE)  OWNER OCCUPANT  ABSENTEE OWNER  TENANT  OTHER EXPLAIN \_\_\_\_\_

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 made: \$ \_\_\_\_\_

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 only the corresponding numbered section of Part 2 (See Reversed Side)

	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 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 of arson, fraud or other crime 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 answer the following question: 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"/>
9. Is there a governmental order to vacate or destroy the building or has the building been classified as uninhabitable or structurally unsafe? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the water, sewage, electricity or heat out of service? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>
12. 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 FRAUD 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 WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

Signature of Applicant or 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 MANDATED  
ANTI-ARSON APPLICATION  
PART 2**

**OWNERSHIP INFORMATION:**

1. List the names and address of Shareholders of a corporation; Partners, including limited partners; Trustees and beneficiaries as applicable.

Note: List only those possessing an ownership interest of 25% or more, except for closed corporations beneficiaries where all owners should be listed.

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>	<u>INTEREST %</u>

2. Mortgage Payments: Mortgagee Name and Address \_\_\_\_\_  
 Date of Last Payment \_\_\_\_\_ Number of payments in arrears \_\_\_\_\_ List other encumbrances: \_\_\_\_\_

3. Unpaid Taxes or Unpaid Liens: Type \_\_\_\_\_ Date of last payment \_\_\_\_\_ Number of Quarters late \_\_\_\_\_

4. Code Violations: Date \_\_\_\_\_ Describe \_\_\_\_\_

5. Convictions: Date \_\_\_\_\_ Name of Person \_\_\_\_\_ Describe \_\_\_\_\_

6. Name(s) and Address(es) of Unchartered Mortgagees: \_\_\_\_\_

<u>Losses:</u>	<u>Location</u>	<u>Date</u>	<u>Amount</u>	<u>Description</u>

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 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. Governmental orders: Date: \_\_\_\_\_ Describe: \_\_\_\_\_

10. Lack of Services: Explain circumstances: \_\_\_\_\_

11. OTHER POLICIES: Indicate status: (In force, applied for, declined, cancelled or non-renewed):

<u>Status</u>	<u>Date</u>	<u>Amount of Insurance</u>	<u>Carrier</u>	<u>Policy Number</u>

12. List all real estate transactions during last 3 years involving this property:

<u>Date</u>	<u>Selling Price</u>	<u>Name of Seller</u>	<u>Amount of Mortgage</u>	<u>Mortgagee</u>

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Signature of Applicant or Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
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