

**STATE OF NEW YORK
ANTI-ARSON APPLICATION
(NYFA-1) PART 2**

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 %

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 _____

IS THERE A GOVERNMENTAL ORDER TO VACATE OR DESTROY THE BUILDING OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE 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

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 RECIND THE INSURANCE POLICY.

SIGNATURE OF PROPOSED INSURED

TITLE

DATE
