

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 | Charles Henry Properties LLC | POLICY NUMBER | BOP00000056771U | |
| LOCATION OF PROPERTY | 336 East 56th St. NY, NY 10022 NEED BY DATE // | | | |
| AMOUNT OF INSURANCE | \$ 4m | FAX NUMBER | 212-889-5573 | |
| APPLICANT IS: | <input type="checkbox"/> OWNER OCCUPANCY <input checked="" type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER | | | |
| OCCUPANCY (IES) | 1 commercial, 6 residential | | | |
| 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: 10/2013 PRICE: \$ 3.68m COST OF SUBSEQUENT IMPROVEMENTS \$ 12000. | | | | |
| ESTIMATED REPLACEMENT COST | \$ 4m | ESTIMATED FAIR MARKET VALUE (exclusive of land) | \$ 4m | |
| FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME \$ 235 000 | | | | |
| CHECK THE VALUATION METHOD USED TO <input checked="" type="checkbox"/> REPLACEMENT COST <input type="checkbox"/> REPLACEMENT COST LESS PHYSICAL DEPRECIATION | | | | |
| ESTABLISH THE AMOUNT OF INSURANCE: | | | | |
| FAIR MARKET VALUE (EXCLUSIVE OF LAND) | | ATTACH A COPY OF ANY APPRAISAL. | | |
| OTHER | | | | |
| WHO DETERMINED THE VALUE? | | | | |
| UNDERWRITING INFORMATION: IF THE ANSWER 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? | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. ARE ANY MORTGAGE PAYMENTS (BUILDING OR CONTENTS) OVERDUE BY 3 MONTHS OR MORE? | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | | |
| 4. ARE THERE ANY OUTSTANDING RECORDED VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT THIS LOCATION? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 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 FIVE YEARS? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 6. IS THE MORTGAGEE OTHER THAN A FEDERAL OR STATE CHARTERED LENDING INSTITUTION? | <input type="checkbox"/> | <input type="checkbox"/> | N/A | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 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 NONRENEWED IN THE LAST THREE YEARS? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 10. HAS THE PROPERTY BEEN UNDER THE OWNERSHIP OF THE APPLICANT FOR LESS THAN THREE YEARS? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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:

POLICY NUMBER BOP00000056771U

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 CORPORATIONS AND BENEFICIARIES WHERE ALL OWNERS SHOULD BE LISTED.

NAME Claude Simon ADDRESS 71 Tonjes Road, Callicoon NY 12723 POSITION President INTEREST % 100%

2. MORTGAGE PAYMENTS MORTGAGE \$ 0 DATE DUE _____ AMOUNT DUE \$ 0

LIST ANY OTHER ENCUMBRANCES: 0

3. UNPAID TAXES OR UNPAID LIENS: TYPE _____ DATE DUE _____ AMOUNT DUE \$ 0

4. CODE VIOLATIONS: DATE 9/2017 DESCRIBE Sanitation - Garbage at Curb

5. CONVICTIONS: DATE _____ DESCRIBE _____ NAME OF PERSON _____

6. NAME(S) OF UNCHARTERED MORTGAGEES: _____

7. LOSSES: LOCATION DATE AMOUNT DESCRIPTION
_____ \$ 0 _____
_____ \$ _____
_____ \$ _____

8. VACANCY AND/OR UNOCCUPANCY: INDICATE SEASONAL PERIOD (IF ANY) WHEN BUILDING IS UNUSED: Full Time

FOR APARTMENT BUILDINGS, INDICATE: TOTAL UNITS _____ UNOCCUPIED UNITS _____

FOR OTHER BUILDINGS INDICATE: VACANCY _____ % UNOCCUPANCY _____ %

FOR ALL BUILDINGS INDICATE THE FOLLOWING:

REASON FOR VACANCY/UNOCCUPANCY: None

ANTICIPATED DATE OF OCCUPANCY: _____

IF THE BUILDING IS VACANT OR UNOCCUPIED, INDICATE HOW IT IS PROTECTED FROM UNAUTHORIZED ENTRY N/A

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 NUMBER |
|--------|-------|---------------------|---------|---------------|
| _____ | _____ | \$ <u>0</u> | _____ | _____ |
| _____ | _____ | \$ _____ | _____ | _____ |
| _____ | _____ | \$ _____ | _____ | _____ |

10. LIST ALL REAL ESTATE TRANSACTIONS DURING THE LAST THREE YEARS INVOLVING THIS PROPERTY.

| DATE | SELLING PRICE | NAME OF SELLER | AMOUNT OF MORTGAGE | MORTGAGEE |
|-------------|---------------|----------------|--------------------|-----------|
| <u>None</u> | \$ _____ | _____ | \$ _____ | _____ |
| | \$ _____ | _____ | \$ _____ | _____ |

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