



Nationwide
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9/20/2016

Charles Henry Properties LLC
534 W 42nd St Floor 8
New York, NY 10036

Re: Policy Number: BOP00000056771U (105015717)
Renewal Date: 11/25/2016

IMPORTANT NOTICE! RESPONSE REQUIRED!

NEW YORK ANTI-ARSON

As required by New York Insurance Law Section 168-J and New York Insurance Department Regulation 96, we are providing the attached State of New York Anti-Arson Application(s) for your property insurance coverage.

You are required by the laws mentioned above to complete a separate anti-arson application every year for each building property location that is insured and located in the cities of Buffalo, Rochester or New York City. Complete all of page one and any questions on page two that apply as the result of a "yes" answer in the Underwriting Information section of page one. Sign and date both pages and return it to us in the enclosed envelope before the need-by date that is printed on the application(s).

Warning: If you fail to return the completed, signed, and affirmed application before the need-by date printed on the application(s) we are required by law to cancel your insurance coverage.

Please take a moment to complete these applications so we may continue to provide this important property insurance coverage to you. Contact your Nationwide agent should you need help or if you have any questions.

**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	BOP0000056771U	
LOCATION OF PROPERTY				NEED BY DATE	10/20/2016
AMOUNT OF INSURANCE \$				FAX NUMBER	
APPLICANT IS: <input type="checkbox"/> OWNER OCCUPANCY <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER					
OCCUPANCY (IES)					
<p>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.</p> <p>PURCHASE INFORMATION: DATE: _____ PRICE: \$ _____ COST OF SUBSEQUENT IMPROVEMENTS \$ _____</p> <p>ESTIMATED REPLACEMENT COST \$ _____ ESTIMATED FAIR MARKET VALUE (exclusive of land) \$ _____</p> <p>FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME \$ _____</p> <p>CHECK THE VALUATION METHOD USED TO <input type="checkbox"/> REPLACEMENT COST <input type="checkbox"/> REPLACEMENT COST LESS PHYSICAL DEPRECIATION</p> <p>ESTABLISH THE AMOUNT OF INSURANCE:</p> <p style="text-align: center;"><input type="checkbox"/> FAIR MARKET VALUE (EXCLUSIVE OF LAND) <input type="checkbox"/> OTHER</p>					
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 OF PART 2.					
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 CRIMES RELATED TO LOSS ON PROPERTY DURING THE LAST FIVE 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 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 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 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 NONRENEWED IN THE LAST THREE YEARS? <input type="checkbox"/> <input type="checkbox"/>					
10. HAS THE PROPERTY BEEN UNDER THE OWNERSHIP OF THE APPLICANT FOR LESS THAN THREE YEARS? <input type="checkbox"/> <input 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.

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

POLICY NUMBER BOP00000056771U

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 CORPORATIONS AND 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			
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
\$				
\$				
\$				

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

DATE	SELLING PRICE	NAME OF SELLER	AMOUNT OF MORTGAGE	MORTGAGEE
\$				
\$				

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