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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	BOP00000056771U
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)			

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 \$

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 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?	<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 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**

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	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?	<input type="checkbox"/>	<input type="checkbox"/>
IF WATER, SEWAGE, ELECTRICITY OR HEAT IS OUT OF SERVICE, EXPLAIN CIRCUMSTANCES: _____	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE UNREPAIRED DAMAGE OR HAVE ITEMS BEEN STRIPPED FROM THE BUILDING? IF YES, DESCRIBE: _____	<input type="checkbox"/>	<input type="checkbox"/>
IS THE BUILDING FOR SALE? IF YES, DATE PUT UP FOR SALE: _____	<input type="checkbox"/>	<input type="checkbox"/>

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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SIGNATURE OF PROPOSED INSURED
NYFA-1 (Ed. 5-16)

TITLE
BOP00000056771U/105015717

DATE
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