

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		

<u>VALUATION:</u> 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: 10/20/13 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 \$ 235000	
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)	
OTHER	

WHO DETERMINED THE VALUE?	ATTACH A COPY OF ANY APPRAISAL
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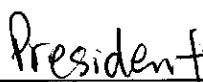
UNDERWRITING INFORMATION:	IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", COMPLETE THE CORRESPONDING NUMBERED SECTION OF PART 2.
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
1. IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR SOLE PROPRIETORSHIP?	<input checked="" type="checkbox"/>
2. ARE ANY MORTGAGE PAYMENTS (BUILDING OR CONTENTS) OVERDUE BY 3 MONTHS OR MORE?	<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"/>
4. ARE THERE ANY OUTSTANDING RECORDED VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT THIS LOCATION?	<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"/>
6. IS THE MORTGAGEE OTHER THAN A FEDERAL OR STATE CHARTERED LENDING INSTITUTION?	<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 checked="" type="checkbox"/> M/A
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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <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"/> <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

10/11/17

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  
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(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 CORPORATIONS AND BENEFICIARIES WHERE ALL OWNERS SHOULD BE LISTED.

NAME      ADDRESS      POSITION      INTEREST %  
 Claude Simon      71 Tonjes Road, Callicoon NY 12723 President 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 \_\_\_\_\_  
 None      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
_____	_____	\$ 0	_____	_____
_____	_____	\$	_____	_____
_____	_____	\$	_____	_____

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

DATE	SELLING PRICE	NAME OF SELLER	AMOUNT OF MORTGAGE	MORTGAGEE
None	\$	_____	\$	_____
_____	\$	_____	\$	_____

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*Claude Simon*

SIGNATURE OF PROPOSED INSURED

*President*

TITLE

*10/11/17*

DATE