

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

Policy:

**RENEWAL NOTICE
NEW YORK ANTI-ARSON**

In accordance with NY Regulation 96, policyholders in the cities of Rochester, Buffalo and New York City were required to provide certain information regarding their real estate property at the time of application for homeowner insurance.

At the time of renewal of your policy, information regarding your property must be completed in this notice and returned to us for record updating. This notice must be returned prior to the renewal date shown on the attached renewal notice.

After review of the attached Anti Arson Application, if there have been no changes from the information provided when you first purchased your policy, sign and date the bottom of this form and return to the address listed below prior to the renewal date of your policy. However, if any of the information requested in the attached application has changed, please complete the entire application and return to the address listed below or faxed to the number listed prior to the the renewal date for our review.

Failure to complete and return this form to us could result in the cancellation of your coverage.

I/We hereby acknowledge that I/we have read the attached New York Anti Arson Application, (NYFA-1) Part 1 and 2. There have been no changes to the original information provided at time of application for insurance coverage.

SIGNATURE

SIGNATURE

PRINT OR TYPE NAME

PRINT OR TYPE NAME

DATE

DATE

Completed form MUST be returned to:

**Underwriting Support
American Modern Insurance Group
P.O. Box 226
Amelia, OH 45102-9018
fax 1-866-366-4283**

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 _____
LOCATION OF PROPERTY _____

Amount of Insurance \$ _____ Applicant is Owner Occupant Absentee Owner Tenant
 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:

- | | |
|--|--|
| <input type="checkbox"/> Replacement Cost | <input type="checkbox"/> Fair Market Value (exclusive of land) |
| <input type="checkbox"/> Replacement Cost Less Physical Depreciation | <input type="checkbox"/> Other |

Who determined the value? _____ Attach 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? | ___ | ___ |
| 2. Are any mortgage payments (building or contents) overdue by 3 months or more? | ___ | ___ |
| 3. Are there any real estate tax liens or other tax liens against the property or real estate taxes overdue by more than one year? | ___ | ___ |
| 4. Are there any outstanding recorded violations of fire, safety, health, building or construction codes at this location? | ___ | ___ |
| 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 5 years? | ___ | ___ |
| 6. Is the mortgagee other than a federal or state chartered lending institution? | ___ | ___ |
| 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 5 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? | ___ | ___ |
| 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 the water, sewage, electricity or heat out of service? | ___ | ___ |
| 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 non-renewed in the last 3 yrs? | ___ | ___ |
| 10. Has the property been under the ownership of the applicant for less than 3 yrs? | ___ | ___ |

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING A NY 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 RESCIND THE INSURANCE POLICY.

_____	_____	_____
SIGNATURE OF PROPOSED INSURED	TITLE	DATE

INSURED 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:

1. List the names and addresses 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 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 Mortgagee(s) _____

7. Losses:

Location	Date	Amount	Description
_____	_____	\$ _____	_____

8. Vacancy and/or unoccupancy:

Indicate seasonal period (if any) when building is unused _____

For apartments 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 #
_____	_____	\$ _____	_____	_____

10. List all real estate transactions during 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 AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MATERIAL FACT OR CIRCUMSTANCES SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

SIGNATURE OF PROPOSED INSURED	TITLE	DATE
-------------------------------	-------	------