

STATE OF NEW YORK STANDARD FIRE CLAIM FORM (NYFC-1) PART 2

FURNISH ALL INFORMATION AS OF DATE OF LOSS. INDICATE "N/A" FOR ANY ITEM NOT APPLICABLE TO YOU. USE REVERSE SIDE IF MORE SPACE REQUIRED.

1	OWNERSHIP INFORMATION —List names and addresses of: (a) Shareholders if a corporation, (b) Partners, including limited partners, (c) Trustees and beneficiaries. Note: List only those with an ownership interest of 25% or more, except for close corporations and beneficiaries where all owners should be listed. Also, list all shareholders when there are ten or less.																			
	NAME	ADDRESS	POSITION	INTEREST %																
2	MORTGAGEE INFORMATION: (a) Name and address of mortgagee(s) _____ (b) Mortgage balance \$ _____ (c) Mortgage installment payment(s) _____ Due date(s) _____ Amount(s) overdue \$ _____ (d) Have foreclosure proceedings commenced? _____																			
3	PURCHASE INFORMATION: Date purchased _____ From whom _____ Cash paid \$ _____ Total purchase price \$ _____																			
4	List all liens on property or business including all taxes overdue one year or more, amount and type. _____																			
5	List current code violations—(Fire, safety, health, building, construction or other). _____																			
6	LOSS INFORMATION: (Not required for federal or state chartered lending institutions). (a) List any losses to this property exceeding \$5,000 while you or anyone listed in item 1 or 2 above had an insurable interest in this property. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">AMOUNT(S)</td> <td style="width: 30%;">DATE(S)</td> <td colspan="2"></td> </tr> <tr> <td>\$</td> <td></td> <td colspan="2"></td> </tr> </table> (b) List all losses within the last 5 years exceeding \$5,000 to any other property in which you or anyone listed in item 1 or 2 above had an insurable interest. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">AMOUNT(S)</td> <td style="width: 30%;">DATE(S)</td> <td style="width: 30%;">NAME(S)</td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td></td> <td></td> </tr> </table>				AMOUNT(S)	DATE(S)			\$				AMOUNT(S)	DATE(S)	NAME(S)		\$			
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\$																				
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7	List convictions within the last 5 years of anyone with a financial interest in this property for fraud or arson related to this or other property. _____																			
8	VACANCY: (a) Indicate seasonal period, if any, when building is unused _____ (b) For residential building, indicate: Total units _____ Vacant units _____ (c) For other buildings, indicate: Total annual rental income \$ _____ Area of building vacant _____ (d) For all buildings, indicate the following: (i) Reason for vacancy _____ (ii) Anticipated date of occupancy? _____ (iii) If the building is vacant or unoccupied, indicate how it was protected from unauthorized entry _____ (iv) Is there a governmental order to vacate or demolish the building or has the building been classified as uninhabitable or structurally unsafe? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, indicate agency and order or docket no. _____ (v) Was water, sewage, electricity or heat out of service? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, explain _____ (vi) Was the building offered for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, indicate name and address of broker, if any: _____																			
9	List any policy or coverage on this property which has been declined, cancelled or non-renewed in the last 3 years.																			
	DATE	AMOUNT OF INSURANCE	CARRIER	POLICY NO.																
		\$																		
<p>"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."</p>																				
SIGNATURE OF CLAIMANT		TITLE		DATE																

NYS SUPPLEMENTAL FIRE CLAIM FORM (NYFC-1) PART 3 – REVISED (1989)

Insured Location: _____
(number & street address) (city) (state) (zip code)

Location of Fire: _____
(number & street address) (city) (state) (zip code)

Date of Fire: ____/____/____ Named Insured: _____
(month) (day)

Insurance Co. (NAIC Code): _____ Agent/Adjuster (NY Lic. No.): _____

Public Adjuster (NY Lic. No.): _____ Policy No.: _____

Policy Claim No.: _____ Limit of Policy: \$ _____

Ownership Information

List the name and address of: (a) any person with an interest of five (5) percent or more in the proceeds of the claim; (b) any mortgage, vendee in possession, receiver, executor or trustee (including the beneficiaries of the trust), all partners in partnership including limited partners; (c) all officers and directors of a corporation; and (d) any person with an interest of ten (10) percent or more of the issued outstanding stock of a corporation. ()*

<u>Name</u>	<u>Address</u>	<u>Position</u>	<u>Interest %</u>

Signature _____ Date _____

(*) Other than a banking organization as defined in Section 2 of the Banking Law, a national bank association, a federal saving & loan association, the mortgage facilities corporation, savings bank life insurance fund, the savings bank retirement system, an authorized insurerer as declined in Section 107 of the Insurance Law or a trust company or other corporation organized under the laws of this State or the capital stock of which is owned by at least 20 savings bank or by at least 20 savings and loan associations or a subsidiary corporation all of the capital stock of which is owned by such trust company or other corporation or a corporation the shares of which are listed on a national securities exchange or regularly quoted in over-the-counter market by one or more members of a national or affiliated securities association.

FACT SHEET

Please be advised this form is not a proof of loss or an examination under oath and is not to be considered a waiver of any of the policy conditions.

(Please use reverse side for comments, if necessary.)

NAME OF INSURED _____

CURRENT P.O. ADDRESS OF INSURED _____

LOCATION OF DAMAGED PROPERTY _____

DATE OF CASUALTY _____

DATE PROPERTY PURCHASED _____ FROM WHOM _____

TOTAL PRICE PAID _____ CASH PAID _____

MORTGAGES TAKEN OVER _____

NAME AND AMOUNT _____

PURCHASE MONEY MORTGAGES — MORTGAGE GIVEN TO LAST OWNER _____

NAME AND AMOUNT _____

OTHER - AMOUNTS PAID OR OBLIGATIONS ASSURED _____

ADDRESS AND IDENTITY OF PRESENT MORTGAGES AND BALANCE OF MORTGAGE ON DATE OF CLAIM:

IMPROVEMENTS TO PROPERTY FROM DATE OF PURCHASE TO DATE OF CLAIM:

COST OF IMPROVEMENTS _____

PREVIOUS CASUALTIES SUSTAINED BY YOU AT THIS LOCATION:

<u>Insurance Co.</u>	<u>Policy #</u>	<u>Date</u>	<u>Amount of Loss</u>
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OUTSTANDING TAXES: _____

<u>Water</u>	<u>Sewer Lien</u>	<u>Other Leins</u>	<u>Amount</u>
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ACTUAL RENTS COLLECTED TWELVE (12) MONTHS PRIOR TO THE LOSS: _____

	<u>Commercial</u>	<u>Dwelling</u>	<u>Other</u>
# OF RENTAL UNITS IN BUILDING	_____	_____	_____
# OF UNITS UNOCCUPIED PRIOR TO LOSS	_____	_____	_____
# OF UNITS UNOCCUPIED AFTER LOSS	_____	_____	_____

WHAT WOULD RENT ROLL BE IF FULLY RENTED LAST THREE (3) MONTHS PRIOR TO THE LOSS:

Commercial _____
 Dwelling _____
 Other _____

EXPENSES: (Annual)

Total Taxes _____

Insurance _____

Heat _____

Electric _____

Repairs _____

Painting _____

Others _____

CURRENT FUEL SUPPLIER: (Name and Address)

PLEASE SUPPLY TENANT NAME, APARTMENT #, NUMBER OF ROOMS, AND CURRENT RENT ROLL: (Attach a Separate List.)

THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

DATE: _____

 (SIGNATURE OF INSURED OR PRINCIPAL OF
 INSURED CORPORATION)

PLEASE RETURN THIS FACT SHEET WITHIN FIFTEEN DAYS TO: