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

<table>
<thead>
<tr>
<th>NAME OF APPLICANT OR INSURED</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION OF PROPERTY</td>
</tr>
<tr>
<td>AMOUNT OF INSURANCE $</td>
</tr>
<tr>
<td>APPLICANT IS: [ ] OWNER OCCUPANCY [ ] ABSENTEE OWNER [ ] TENANT [ ] OTHER</td>
</tr>
<tr>
<td>OCCUPANCY (S)</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>PURCHASE INFORMATION: DATE</td>
</tr>
<tr>
<td>PRICE $</td>
</tr>
<tr>
<td>COST OF SUBSEQUENT IMPROVEMENTS $</td>
</tr>
<tr>
<td>ESTIMATED REPLACEMENT COST $</td>
</tr>
<tr>
<td>ESTIMATED FAIR MARKET VALUE (exclusive of land) $</td>
</tr>
<tr>
<td>FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME $</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>WHO DETERMINED THE VALUE? ATTACH A COPY OF ANY APPRAISAL.</td>
</tr>
<tr>
<td>UNDERWRITING INFORMATION: IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS “YES”, COMPLETE THE CORRESPONDING NUMBERED SECTION OF PART 2.</td>
</tr>
<tr>
<td>1. IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR SOLE PROPRIETORSHIP? YES NO</td>
</tr>
<tr>
<td>2. ARE ANY MORTGAGE PAYMENTS (BUILDING OR CONTENTS) OVERDUE BY 3 MONTHS OR MORE? YES NO</td>
</tr>
<tr>
<td>3. ARE THERE ANY REAL ESTATE TAX LIENS OR OTHER TAX LIENS AGAINST THE PROPERTY OR REAL ESTATE TAXES OVERDUE OF ONE YR. OR MORE? YES NO</td>
</tr>
<tr>
<td>4. ARE THERE ANY OUTSTANDING RECORDED VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT THIS LOCATION? YES NO</td>
</tr>
<tr>
<td>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? YES NO</td>
</tr>
<tr>
<td>6. IS THE MORTGAGEE OTHER THAN A FEDERAL OR STATE CHARTERED LENDING INSTITUTION? YES NO</td>
</tr>
</tbody>
</table>
| 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?
| 8. (a) IF THE PROPERTY IS COMMERCIAL, IS MORE THAN 10% OF THE RENTABLE SPACE VACANT, UNOCCUPIED OR SEASONAL? YES NO
| (b) IF THE PROPERTY IS RESIDENTIAL, ARE 5% OR MORE OF THE APARTMENTS VACANT, UNOCCUPIED OR SEASONAL? YES NO
| (c) IS WATER, SEWAGE, ELECTRICITY OR HEAT OUT OF SERVICE? YES NO |
| 9. OTHER POLICIES:
| (a) IS THERE ANY OTHER INSURANCE IN FORCE OR APPLIED FOR ON THIS PROPERTY? YES NO
| (b) HAS ANY COVERAGE OR POLICY ON THIS PROPERTY BEEN DECLINED, CANCELLED OR NON-RENEWED IN THE LAST 3 YEARS? YES NO |
| 10. HAS THIS PROPERTY BEEN UNDER THE OWNERSHIP OF THE APPLICANT FOR LESS THAN 3 YEARS? YES NO |

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OR 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.

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 RECIND THE INSURANCE POLICY.

SIGNATURE OF PROPOSED INSURED SIGNATURE TO TITLE DATE

INSURED'S SHALL NOTIFY THE INSURER IN WRITING OF ANY CHANGE IN THE INFORMATION CONTAINED HEREIN, UPON RENEWAL OR ANNUALLY, WHICHERSOEVER IS SOONER. FAILURE TO COMPLY MAY RESULT IN RESCISSION OF YOUR POLICY.

FM 101.0.721 (7/82)
**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 CORPORATION BENEFICIARIES WHERE ALL OWNERS SHOULD BE LISTED.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>POSITION</th>
<th>INTEREST %</th>
</tr>
</thead>
</table>

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 ________________________________

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

   __________________________________________

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 THE LAST 3 YEARS INVOLVING THIS PROPERTY.

    DATE          SELLING PRICE                   NAME OF SELLER          AMOUNT OF MORTGAGE               MORTGAGEE
    __________________________________________
    __________________________________________
    __________________________________________

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_______________________________________________  ______________________________  ___________________________
SIGNATURE OF PROPOSED INSURED                 TITLE                  DATE