

**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	<p><b>OWNERSHIP INFORMATION</b> – List names and addresses of: (a) Shareholder if a corporation, (b) Partners, including limited partners, (c) Trustees and beneficiaries. <b>Note:</b> 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.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: left;">NAME</th> <th style="width: 35%; text-align: left;">ADDRESS</th> <th style="width: 20%; text-align: left;">POSITION</th> <th style="width: 20%; text-align: left;">INTEREST%</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NAME	ADDRESS	POSITION	INTEREST%						
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2	<p><b>MORTGAGEE INFORMATION:</b> (a) Name and address of mortgagee(s) _____</p> <p>(b) Mortgage balance \$ _____ (c) Mortgage installment payment(s) _____</p> <p>Due date(s) _____ Amount(s) overdue \$ _____</p> <p>(d) Have foreclosure proceedings commenced? _____</p>										
3	<p><b>PURCHASE INFORMATION:</b> Date purchased _____ From whom _____</p> <p>Cash paid \$ _____ Total purchase price \$ _____</p>										
4	<p>List of liens on property or business including all taxes overdue one year or more, amount and type. _____</p>										
5	<p>List current code violations – (Fire, safety, health, building, construction or other ) _____</p>										
6	<p><b>LOSS INFORMATION: (Not required for federal or state chartered lending institutions).</b></p> <p>(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.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">AMOUNT(S)</th> <th style="width: 40%;">DATE(S)</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td> </td> </tr> </tbody> </table> <p>(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.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">AMOUNT(S)</th> <th style="width: 30%;">DATE(S)</th> <th style="width: 40%;">NAME(S)</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td> </td> <td> </td> </tr> </tbody> </table>	AMOUNT(S)	DATE(S)	\$		AMOUNT(S)	DATE(S)	NAME(S)	\$		
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7	<p>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. _____</p>										
8.	<p><b>VACANCY:</b></p> <p>(a) Indicate seasonal period, if any, when building is unused _____</p> <p>(b) For residential building, indicate: Total units _____ Vacant units _____</p> <p>(c) For other buildings, indicate: Total annual rental income \$ _____ Area of building vacant _____</p> <p>(d) For all buildings, indicate the following: (i) Reason for vacancy _____</p> <p>(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. _____</p> <p>(v) Was water, sewage, electricity or heat out of service: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____</p> <p>(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: _____</p>										
9	<p>List any policy or coverage on this property which has been declined, cancelled or non-renewed in the last 3 years:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">DATE</th> <th style="width: 30%;">AMOUNT OF INSURANCE</th> <th style="width: 35%;">CARRIER</th> <th style="width: 20%;">POLICY NO.</th> </tr> </thead> <tbody> <tr> <td> </td> <td>\$</td> <td> </td> <td> </td> </tr> </tbody> </table> <p><b>“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 VIOLATION”</b></p> <p>_____ SIGNATURE OF CLAIMANT TITLE DATE</p>	DATE	AMOUNT OF INSURANCE	CARRIER	POLICY NO.		\$				
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THIS IS NOT A PROOF OF LOSS. OTHER FORMS MAY BE REQUIRED AS PROVIDED IN YOUR POLICY.