

FIRE AND CASUALTY CLAIM REPORT (NYFC) Part 2

Furnish All Information as to Date of Loss. Indicate "N/A" For Any Item Not Applicable To You. Use Reverse Side if More Space is Needed.

1.	<p>Ownership Information – List Name and Address of: a) Shareholder 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.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Address</th> <th style="text-align: left; border-bottom: 1px solid black;">Position</th> <th style="text-align: left; border-bottom: 1px solid black;">Interest %</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Address	Position	Interest %							
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2.	<p>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? _____</p>											
3.	<p>Purchase Information Date Purchased _____ From Whom _____ Cash Paid _____ Total Purchase Price _____</p>											
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.	<p>Loss Information (not required for federal or state chartered handling instructions) 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. Amount(s) _____ Date(s) _____ b) List all losses within the last 5 years exceeding \$5,000 while you or anyone listed in item 1 or 2 above had an insurable interest in this property. Amount(s) _____ Date(s) _____ Name(s) _____</p>											
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.	<p>Vacancy a) Indicate seasonal period, of 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 building 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 government 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 # _____ 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 & 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="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Amount of Insurance</th> <th style="text-align: left; border-bottom: 1px solid black;">Carrier</th> <th style="text-align: left; border-bottom: 1px solid black;">Policy #</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Signature of Claimant</td> <td style="width: 30%; border-bottom: 1px solid black;">Title</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Date	Amount of Insurance	Carrier	Policy #					Signature of Claimant	Title	Date
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This is not a proof of loss. Other forms may be required as provided in your policy.