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## Property Owner / Loan

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Original Effective Date of Lease: \_\_\_\_\_

Proposed Policy Inception: \_\_\_\_\_

Original Lease Term (Years): \_\_\_\_\_

Proposed Policy Expiration: \_\_\_\_\_

Loan Amount: \_\_\_\_\_

Term of Loan: \_\_\_\_\_

First Mortgage: YES  NO

Fully Amortizing Loan: YES  NO

Mezzanine Loan: YES  NO

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## Lender

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Property Information

Subject Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Use of Premises: \_\_\_\_\_

Primary Access Road Information: Name/Rte. #: \_\_\_\_\_

Secondary Access Road Information: Name/Rte. #: \_\_\_\_\_

Beginning Date of Construction: \_\_\_\_\_ Est. Date of Completion: \_\_\_\_\_

### Type of Property

- Office
- Residential
- Retail
- Industrial
- Parking Garage
- Other

### Construction Type

- Fire Resistive
- Non-Combustible
- Joisted Masonry
- Frame
- Sq. Ft \_\_\_\_\_
- Year Built \_\_\_\_\_
- # of Stories \_\_\_\_\_

### Fire Protection

- Fully Sprinklered
- Part Sprinklered
- Non Sprinklered
- Alarms
- Describe: \_\_\_\_\_

Check if any portion of the subject property is situated  
in a Flood Zone: "A"  "B"  "V"

**Provide Flood Zone Determination Document**

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## Loss Information

Has the subject property suffered any loss or damage in excess of \$100,000 from fire, wind, or other casualty, insured or otherwise, within the past 5 years?

Yes  No  If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

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**Attachments** forming part of this application and must be submitted prior to policy effective date:

- Property Insurable value Replacement Cost Appraisal including Land Value
- Loan Amortization Schedule (if applicable)
- Property Condition Report (Including Legal Conforming with local Zoning Information)
- Property Construction & Protection Detail (for casualty coverage)
- Property Protection Detail (for casualty coverage)
- Business Interruption Insurance Value (Rental Income Roll)

## Insured Acknowledgment and Signature

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Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Agent or Broker of: \_\_\_\_\_ Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_