

## Agency Information

Contact Name	Telephone Number	Fax Number
Agency	E-Mail Address	

## Financial Institution & Property Information

Name of Financial Institution	Term Desired <b>3 months</b> <b>6 months</b> <b>1 year</b>	Effective Date
Financial Institution Address	Property Address	
Financial Institution City/State/County/Zip	Property City/State/County/Zip	

**Property Description** (please provide a brief description of property):

Outstanding Loan Balance: (If "lender placement" coverage)	Insured Limit Desired: (If REO coverage)	Year Built:
Construction Type (choose one): <b>Frame</b> <b>Joisted Masonry</b> <b>Noncombustible</b> <b>Masonry Noncombustible</b> <b>Modified Fire Resistive</b> <b>Fire Resistive</b>		
Square Footage of Building	Number of Stories	Free Standing <b>Yes</b> <b>No</b>
		Fencing <b>Yes</b> <b>No</b>

## Premises Information

Status of Loan <b>Lender-Placed</b> <b>In Foreclosure</b> <b>REO</b> <b>Other</b>	If Other, please explain:
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If building is/will be undergoing renovations during the insured term, advise the extent:

Describe area of location <b>Commercial</b> <b>Residential</b> <b>Urban</b> <b>Rural</b> <b>Industrial</b>	General Condition of the building: <b>New</b> <b>Good</b> <b>Fair</b> <b>Poor</b>	Any existing damage, fire or otherwise?
Are regular checks made to the premises? <b>Yes</b> <b>No</b>	If so, how often?	Is building boarded? <b>Yes</b> <b>No</b>
Protective Safeguards: Central Station Fire Alarm <b>Yes</b> <b>No</b>	Central Station Burglar Alarm <b>Yes</b> <b>No</b>	Protection Class Code of Property
Utilities Operational? <b>Yes</b> <b>No</b>	Operational Sprinklers? <b>Yes</b> <b>No</b>	Fire Department? <b>Paid</b> <b>Volunteer</b>
Have there been any property losses in past 3 years ? <b>Yes</b> <b>No</b>	If Yes, describe (in detail) any losses and amount paid in the last 3 years.	

Additional Mortgagee Name/Address (if any):

Updates to the Structure during the last 15 years (roof, wiring, plumbing):

Former Carrier / reason for cancellation of borrower's coverage:

Is property vacant? If yes, provide reason:

**Yes**    **No**

Any back taxes owed or property liens on building? If yes, describe:

**Yes**    **No**

**FRAUD STATEMENT:** Any Person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing and 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 such violation.

**X**

Signature of Applicant

Date

(Signed Application required for coverage to be bound)