



Agency Information

Contact Name	Telephone Number	Fax Number
Agency	E-Mail Address	

Financial Institution & Property Information

Name of Financial Institution	Term Desired 3 months 6 months 1 year	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):		
Frame	Joisted Masonry	Noncombustible
Masonry Noncombustible	Modified Fire Resistive	Fire Resistive
Square Footage of Building	Number of Stories	Free Standing Yes No
		Fencing Yes No

Premises Information

Status of Loan Lender-Placed In Foreclosure REO Other	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 Commercial Residential Urban Rural Industrial	General Condition of the building: New Good Fair Poor	Any existing damage, fire or otherwise?
Are regular checks made to the premises? Yes No	If so, how often?	Is building boarded? Yes No
Protective Safeguards: Central Station Fire Alarm Yes No	Central Station Burglar Alarm Yes No	Protection Class Code of Property
Utilities Operational? Yes No	Operational Sprinklers? Yes No	Fire Department? Paid Volunteer
Have there been any property losses in past 3 years ?	Yes No	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)