

Ordinance Enhancement Program Application

General Information

Name of: Fee Owner <input type="checkbox"/> or Leasehold Owner <input type="checkbox"/>		
P.O. Address:		
City:	State:	Zip:

Principal Contact Name:
Telephone No.:
Telefax No.:

Loan Information

Name of Lender/Loss Payee or Trustee:		
P.O. Address:		
City:	State:	Zip:
Contact Name:		
Telephone No.:		
Telefax No.:		

Original Effective Date of Lease:	Proposed Policy Inception:
Original Lease Term (Years):	Proposed Policy Expiration:
Loan Amount:	Term of Loan:
First Mortgage: Yes <input type="checkbox"/> No <input type="checkbox"/>	Self Amortizing Loan: Yes <input type="checkbox"/> No <input type="checkbox"/> *
Mezzanine Loan: Yes <input type="checkbox"/> No <input type="checkbox"/>	
* If "No", how is balloon guaranteed:	

Information About the Property

Subject Property Address:		
City:	State:	Zip:
Name of Tenant and 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:

- Retail Store
- Strip Shopping Center
- Land Lease
- Office
- Industrial/Warehouse
- _____ Other

Construction Type:

- Fire Resistive
- Non Combustible
- Joisted Masonry
- Frame
- Sq. Ft.** _____
- Num. of Stories** _____

Fire Protection:

- Fully Sprinklered
- Part Sprinklered
- Non Sprinklered
- Alarms
- Describe: _____

Is any of the subject property situated in a designated Flood Zone "A" or "B" or "V"? Yes No

Is the property located in any of the following states?
 AR, CA, HI, ID, FL, OR, KY, MO, MT, NE, OK, SC, TN
 UT, WA, WY

Yes No

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Lenders Beneficiary

Owners Beneficiary

Date Improvements Originally Constructed: _____

Date Improvements Upgraded and Description of Upgrades: _____

Replacement (Insurable) Cost of Existing Improvements: _____

Percentage of Damage to Lose Non-Conforming Waivers 50% 75% Other: _____

Description of Reason(s) For Property Being Non-Compliance With Ordinances: _____

Market Value as a Non-Conforming Building: _____

Market Value as a Conforming Building: _____

Debt Structure

Type of Debts	Term if Loan	Amortization Schedule
1st Year	_____	_____
2nd Year	_____	_____
Mezzanine	_____	_____
Other:	_____	_____
Aggregate Total Debt on Property/SPE	_____	_____

Attachments Required to Application

- Appraisal
- Zoning Report
- Alta Survey
- Interest and Amortization Schedules For Various Debt Instruments

I hereby certify that the information contained in the application and attachments is true and accurate.

Signed: _____

Title: _____

Date: _____

Agent or Broker of Record: _____ Name: _____

Contact: _____ Address: _____

Phone #: _____ Fax #: _____

Filing of this application does not bind the company or create an obligation of any kind to provide insurance of the types and kinds described. All applications are subject to the approval of the underwriters. Additional information may be required.