

# Lease Enhancement Program Application

## General Information

|                         |        |      |
|-------------------------|--------|------|
| Name of Property Owner: |        |      |
| 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:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Self Amortizing Loan:<br>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:           |        |      |

|  |
|--|
| Primary Access Road Information: Name/Rte. #   |
| Secondary Access Road Information: Name/Rte. # |
| Date of Construction:                          |

### Type of Property:

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

### Construction Type:

- Fire Resistive
- Non Combustible
- Joisted Masonry
- Frame

### 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

# Lease Enhancement Program Application

## Coverage Parts Requested:

Eminent Domain Condemnation  Casualty

### Eminent Domain Information:

#### II Condemnation

Trigger - Parking  More than \_\_\_\_\_ %

Trigger - Improvements  More than \_\_\_\_\_ %

#### III Condemnation Proceeds

Tenant has right to value of leasehold interest from landlord's award

Tenant has right to his value of his I & B from landlord's award

Do you have knowledge of any circumstances, including but not limited to actual or threatened proceedings by any government authority that could reasonably give rise to a claim under this policy?

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

### Casualty Information:

#### Destruction Trigger:

- greater than \_\_\_\_\_ %
- substantial
- non-economic use
- can not rebuild within \_\_\_\_\_ days
- \_\_\_\_\_ Other

#### Window for Casualty:

- last 3 years
- last 5 years
- last 10 years
- full term

Abatement? Yes  No

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", describe: \_\_\_\_\_

#### **Attachments** Forming a part of this application

- Complete copy of the lease for the subject property. It is understood that subsequent amendments or endorsements to the lease are not insured without underwriters express written acknowledgment.
- Lease abstract required to complete due diligence
- Loan Amortization Schedule
- Site Plan

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

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

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

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

Notary: \_\_\_\_\_

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.