

# Historic Credit 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 ballon 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 "V"? Yes  No

Is the property located in any of the following states?  
 Arkansas, California, Oregon Washington, Alaska,  
 Tennessee, Missouri, Kentucky, or South Carolina

Yes  No

# Historic Credit Program Application

Lenders Beneficiary

Owners Beneficiary

Date Improvements Originally Constructed: \_\_\_\_\_

Improvements To Be Upgraded and Description of Upgrades To Be Made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Replacement (Insurable) Cost of Existing Improvements: \_\_\_\_\_

Percentage of Damage to Loose Historic Credits:  50%  75%  Other: \_\_\_\_\_

Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Amount of History Credits to Be Insured

### Insured Amount

1st Year	_____
2nd Year	_____
3rd Year	_____
4th Year	_____
5th Year	_____
Aggregate Total Historical Credits	_____

### Attachments Required to Application

- Appraisal
- COPE
- Lease & Subleases
- 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: \_\_\_\_\_

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.