

# 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 ballon guarenteed:	

## 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 "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

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## Coverage Parts Requested:

Lenders Short Fall

Owners Shortfall

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

Date Improvements Upgraded and Description of Upgrades: \_\_\_\_\_

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

Percentage of Damage to Loose Non-Conforming Waiver:  50%  75%  Other: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Debt Structure:

Type of Debts:	Term if Loan	Amortization Schedule
1st Mortgage	_____	_____
2nd Mortgage	_____	_____
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: \_\_\_\_\_

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.