

OWNERSHIP INFORMATION:

1. List the names and addresses of:

Shareholders of a corporation Partners, including limited partners Trustees and beneficiaries

Note: List only those possessing an ownership interest of 25% or more, except for close Corporations and beneficiaries where all owners should be listed.

NAME	ADDRESS	POSITION	INTEREST%

2. Mortgage Payments: Mortgagee _____ Date Due _____ Amt Due\$ _____
List any other encumbrances: _____

3. Unpaid Taxes or Unpaid Liens: Type _____ Date Due _____ Amt Due\$ _____

4. Code Violations: Date: _____ Describe _____

5. Convictions: Date _____ Describe _____
Name of Person _____

6. Names(s) of Unchartered Mortgagee(s): _____

7. Losses:

Location	Date	Amount	Description

8. Vacancy and/or unoccupancy:

Indicate seasonal period (if any) when building is unused _____

For apartment buildings indicate Total Units _____ Unoccupied Units _____

For other buildings indicate Vacancy _____ % Unoccupancy _____ %

For all buildings indicate the following:

Reason for vacancy/unoccupancy: _____

Anticipated date of occupancy _____

If the building is vacant or unoccupied, indicate how it is protected from unauthorized entry _____

Is there a governmental order to vacate or destroy the building or has the building been classified as uninhabitable or structurally unsafe? Yes No
 If water, sewage, electricity or heat is out of service, explain circumstances _____

Is there unrepaired damage or have items been stripped from the building? Yes No
 If Yes, Describe _____
 Is the building for sale? If Yes, date put up for sale: _____

9. OTHER POLICIES: Indicate status (In force, applied for, declined, cancelled or nonrenewed)

Status	Date	Amt of Insurance	Carrier	Policy#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. List all real estate transactions during last 3 years involving this property

Date	Selling Price	Name	Amt of Mortgage	Mortgagee
_____	_____	_____	_____	_____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

THE PROPOSED INSURED AFFIRMS THAT THE FOREGOING INFORMATION IS TRUE AND AGREES THAT THESE APPLICATIONS SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

SIGNATURE OF PROPOSED INSURED

TITLE