

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

Return to: Alexander Fisher
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212.588.8335
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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

National Park Service Part I & II

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.