

Historic Tax 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.:		

Proposed Policy Inception:	
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
International Amalgamated Group, Inc.
880 3rd Ave., 14th Floor
New York, NY 10022
Phone: 212.588.8330 Fax:
212.588.8335
alexander@fishershapiro.com

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Lender Additional Insured Yes No

Date Improvements Originally Constructed: _____

Improvements To Be Upgraded and Description of Upgrades To Be Made: _____

Replacement (Insurable) Cost of Existing Improvements: _____

Description of Project: _____

Amount of History Credits to Be Insured

	Federal	Insured Amount	State
1st Year	_____	_____	_____
2nd Year	_____	_____	_____
3rd Year	_____	_____	_____
4th Year	_____	_____	_____
5th Year	_____	_____	_____
Aggregate Total Historical Credits	_____	_____	_____

Attachments Required to Application

- Appraisal
- Part I & II of National Parks Service App. and/or State Credit Award
- Lease & Subleases
- Interest and Amortization Schedules for Various Debt Instruments, if any

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.