



# Borrower Document Kit

**Questions?**  
**We are here to help!**

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# Document checklist for individuals

## Document name

- ☐ Copy of ID
- ☐ Complete loan application form
- ☐ Background check and credit report authorization form
- ☐ Borrower's consent
- ☐ Borrower information sheet
- ☐ E-sign disclosure
- ☐ US bank statement
- ☐ Administrative fee payment confirmation
- ☐ Appraisal report
- ☐ Appraisal report payment
- ☐ Property purchase contract (*for purchases*)
- ☐ Property insurance certificate with mortgage clause and required coverage
- ☐ Flood certification (*if applicable*)
- ☐ Form W-8BEN or W9 form
- ☐ Form 8655
- ☐ Terms and conditions acceptance (email reply)
- ☐ Survey certified to LV Lending
- ☐ Property condition report (*only for acquisitions*)
- ☐ Title commitment without exemptions
- ☐ Call with the servicing team
- ☐ Signed loan documents

# Document checklist for corporations

## Document name

- ☐ Copy of ID
- ☐ Complete Loan application form
- ☐ Background check and credit report authorization form
- ☐ Borrower's consent
- ☐ Borrower information sheet
- ☐ E-sign disclosure
- ☐ US bank statement
- ☐ Administrative fee payment confirmation
- ☐ Appraisal report
- ☐ Appraisal report payment
- ☐ Property purchase contract (*for purchases*)
- ☐ Articles of incorporation
- ☐ Operating Agreement
- ☐ Corporate resolution
- ☐ Property insurance certificate with mortgagee clause and required coverage
- ☐ Flood certification (if applicable)
- ☐ Form W-8BEN-E or W9 form
- ☐ Form 8655
- ☐ Terms and conditions acceptance (email reply)
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## BUSINESS PURPOSE LOAN APPLICATION

Applicant acknowledges that it is applying for a Business Purpose Loan and not for Personal or Consumer purposes.

☐ New Application ☐ Renewal Request ☐ Modification Request

### Business Purpose Loan Application

Legal Business Name/ Borrowing Entity:

Street Address:

City:

State:

ZIP Code:

Phone:

Tax ID Number:

Entity Description: ☐ Sole Proprietorship ☐ Limited Partnership ☐ General Partnership ☐ Corporation  
☐ Individual (U.S. Citizen) ☐ Other:

Year Business Established:

Current Owner Since:

# Locations \_\_\_\_\_ # Employees \_\_\_\_\_

Primary Contact Name:

How were you referred to us: ☐ CPA ☐ Attorney ☐ Loan Broker ☐ Other: \_\_\_\_\_

Are you applying for credit from any other source: ☐ Yes ☐ No If yes, from where? \_\_\_\_\_

### Co-Applicants or Guarantors

Name	SSN or EIN	Address & Zip	Title	Borrowing Capacity
				<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Guarantor
				<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Guarantor
				<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Guarantor

### Loan Request Information

Loan Type Requested: ☐ Commercial ☐ Construction ☐ Land ☐ Residential ☐ Fix & Flip ☐ Other: \_\_\_\_\_

Primary Use/Purpose: ☐ Working Capital ☐ Purchase Inventory ☐ Debt Restructuring ☐ Property Improvements/Expansions  
☐ Purchase Equipment ☐ Purchase Real Estate ☐ Other: \_\_\_\_\_

Loan Amount Requested	Months to Repay/ Payment Requested	Increase Existing Line/Loan From:
\$ _____	_____	\$ _____ to \$ _____

Primary Source of Repayment:

Secondary Source of Repayment:

Collateral available to secure this loan request. Please include any assets to be acquired with loan proceeds:

☐ Residential RE (Non O-O) ☐ Commercial Real Estate ☐ Titled Equipment/ Vehicles ☐ Equipment (Blanket Lien) ☐ Specific Equipment  
☐ CD/ Money Market Acct ☐ Accounts Receivable ☐ Inventory ☐ Other: \_\_\_\_\_

☐ If this request is for the purpose, improvement or refinancing of a residential property (1-4 family or multi-family), check this box. The individual that accepts this application must collect the appropriate HMDA reporting information, including the full property address, specific transaction purpose, and government monitoring information.

### Other Information

Is this business involved in any claim or lawsuit: ☐ Yes ☐ No

Are there any taxes not currently paid or in dispute? ☐ Yes ☐ No

Is the business liable for any amounts via leases, guaranties, commitments or other contingency agreements? ☐ Yes ☐ No

Has the business ever been declared bankrupt or had a judgement against it? ☐ Yes ☐ No

Is any collateral offered currently pledged to other creditors? ☐ Yes ☐ No  
Are there encumbrances on the property that will remain? If yes, describe:

If yes to any of the questions above, please explain: \_\_\_\_\_

## Equal Credit Opportunity Act

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

## Disclosure of Right to Request Specific Reasons for Credit Denial

If your application for business credit is denied, you have the right to a written statement of a specific reason for the denial. To obtain the statement, please contact LV Lending LLC within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

## Certification of Intent

- ☐ I am applying for credit in my own name and am relying on my own income or assets and not the income or assets of another person as the basis for repayment of the loan requested. I, the undersigned, agree that I intend to apply for individual credit.
- ☐ I am applying for joint credit, and account that I and another person will use, or an account to be guaranteed by myself and others. We, the undersigned, agree that we intend to apply for joint credit or are applying for credit that is to be guaranteed by all of the undersigned.

Authorized Signer for Applicant, Title	Date	Co-Applicant or Guarantor	Date
Co-Applicant or Guarantor	Date	Co-Applicant or Guarantor	Date

If additional signature lines are needed, please see the separate Certification of Intent form.

## Certification and Signatures

The undersigned certifies that all statements in this Application and on each document to be submitted in connection herewith, including federal income tax returns, are true, correct, and complete. The undersigned authorizes LV Lending, LLC to make such inquiries and gather such information as the Lender deems necessary and reasonable concerning any information provided to the Lender on this Application or on any required document, including inquiries to the Internal Revenue Service, Credit Bureau Reporting Agencies, and background checks. The undersigned further agrees to notify the Lender promptly of any material changes in such information. The undersigned agrees that the Lender may provide a copy of this Application to any affiliate or subsidiary.

Authorized Signer for Applicant, Title	Date	Co-Applicant or Guarantor	Date
Co-Applicant or Guarantor	Date	Co-Applicant or Guarantor	Date

## CERTIFICATE OF BUSINESS PURPOSE OF LOAN

**Borrower:** \_\_\_\_\_

**Borrower declares and states to Broker/Lender ("Lender") as follows:**

1. I have applied to the Lender for a trust deed loan of \$\_\_\_\_\_ secured by the real property at \_\_\_\_\_ (the "Loan").

2. Lender has stressed to me the **importance** of knowing the primary purpose of the Loan. I know that the legal responsibilities of Originator vary considerably depending upon whether the Loan is a consumer loan (for personal, household or family purposes), or a business loan.

3. I have represented to Lender and again represent to Lender that all of the purposes of the Loan, exclusive of any current liens, commissions and/or loan expenses incurred to obtain the Loan are:

Purpose	Approximate Amount
A. _____	\$ _____
B. _____	\$ _____
C. _____	\$ _____

4. The primary purpose of the Loan is to finance the business enterprise known as: \_\_\_\_\_ that is in the business of: \_\_\_\_\_.

5. No part of the Loan proceeds are intended to be used for a nonbusiness (i.e., consumer) purpose except:

Purpose	Approximate Amount
_____	\$ _____

The lender, broker, assignees and successors of the Lender may rely upon this certificate. **I declare under penalty of perjury that the foregoing is true and correct.**

**Executed on:** \_\_\_\_\_

**By:** \_\_\_\_\_

## STATEMENT OF INTENT OF LOAN PROCEEDS

Date:

In your own words and **handwriting** please describe the intended use of the property and funds (you can use your native language):

In your own words and **handwriting** please explain your plan to repay this loan (you can use your native language):

Please sign here:

# Crossroads Investigations [www.xinvestigations.com](http://www.xinvestigations.com)

1835 NE Miami Gardens Drive, Suite 547, North Miami Beach, FL 33179

Ph (305) 929-3513 Fax (305) 647-2903

## DISCLOSURE, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

### NOTICE REGARDING BACKGROUND INVESTIGATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

I have been given notice and understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Engagement") \_\_\_\_\_ will use the services of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about me including information relating to my personal background, character, general reputation, personal characteristics, professional standing, work history and qualifications, and/or mode of living. This agency will provide a written report of its findings to \_\_\_\_\_ which uses Crossroads Investigations, a consumer reporting agency, to perform its Engagement related background investigations.

☒ This report will contain a credit report. This report is permitted because you are being considered to be hired, retained or promoted to the following position: \_\_\_\_\_

check including but not limited to: criminal records, current and former employers, department of motor vehicle records ("driving records"), military records, credit reporting agencies, education records, professional and personal references, drug testing and MRO services where it applies to the position and workers' compensation records (in accordance with the Americans with Disabilities Act). I have been given notice and understand that I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for Engagement is an investigation into your education and/or employment history conducted by Crossroads Investigations. The scope of this notice and authorization is all-encompassing allowing \_\_\_\_\_ to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your Engagement to the extent permitted by law. I may review or obtain a copy of my report as provided by law. Crossroads Investigations may be contacted by writing to: Crossroads Investigations, 1835 NE Miami Gardens DR, Ste 547, North Miami Beach, FL 33179 or by calling (305)929-3513. You may find information about Crossroads Investigations privacy practices at [http:// www.xinvestigations.com](http://www.xinvestigations.com)

☐ New York applicants or employees only: I acknowledge receipt of Article 23 -A New York Correction Law.

### ACKNOWLEDGMENT AND AUTHORIZATION

I hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about me and understand that it may contain information about my character, general reputation, credit history, personal characteristics, and/or mode of living. This authorization in original or copy form shall be valid for the term of Engagement from the date indicated next to my signature, and if I am hired, throughout my Engagement as allowable by applicable law. I agree, authorize and consent to the release and disclosure of any and all



information including but not limited to the above to \_\_\_\_\_ and Crossroads Investigations. I certify that all statements made by me and contained anywhere herein are true. I agree that a copy of this document by fax or other electronic means shall be as valid as the original. I further acknowledge receipt of the document entitled "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand that document.

☐ California, Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a free copy of a consumer report if one is obtained by the Company. If you would like a copy emailed to you please provide email address: \_\_\_\_\_

☐ California applicants or employees only: By signing below I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Signature

Today's Date

IN ORDER TO VERIFY MY IDENTITY FOR THE PURPOSES OF BACKGROUND IDENTIFICATION, I AM VOLUNTARILY RELEASING MY DATE OF BIRTH, SOCIAL SECURITY NUMBER AND THE OTHER INFORMATION BELOW FOR MY OWN BENEFIT AND FULLY UNDERSTAND THAT ALL ENGAGEMENT DECISIONS ARE BASED ON LEGITIMATE NON-DISCRIMINATORY REASONS.

\_\_\_\_\_  
FIRST NAME (EXACTLY AS IT APPEARS ON YOUR DRIVER'S LICENSE) MIDDLE NAME/INIT

\_\_\_\_\_  
LAST NAME (EXACTLY AS IT APPEARS ON YOUR DRIVERS LICENSE) DOB (MMDDYYYY)

\_\_\_\_\_  
OTHER NAMES KNOWN BY

☐  
MALE

☐  
FEMALE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER & STATE ISSUED

\_\_\_\_\_  
PASSPORT NUMBER IF APPLICANT FROM ANOTHER COUNTRY

\_\_\_\_\_  
COUNTRY ISSUING PASSPORT

\_\_\_\_\_  
CURRENT ADDRESS

\_\_\_\_\_  
# - STREET - CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

May we contact your "current employer"?

☐ Yes, you may contact them  
☐ No, do not contact them

PLEASE PROVIDE ALL OTHER RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS  
Mo./Yr./Mo./Yr.

#	Street Name	Apt#	City	State	Zip Code	From/To?
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#	Street Name	Apt#	City	State	Zip Code	From/To?
---	-------------	------	------	-------	----------	----------

#	Street Name	Apt#	City	State	Zip Code	From/To?
---	-------------	------	------	-------	----------	----------

#	Street Name	Apt#	City	State	Zip Code	From/To?
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Signature

Today's Date

PLEASE ANSWER THE FOLLOWING QUESTIONS. AN AFFIRMATIVE ANSWER OR SUPPLYING THE ADDITIONAL INFORMATION REQUESTED WILL NOT RESULT IN AN AUTOMATIC DISQUALIFICATION FROM ENGAGEMENT. EACH APPLICANT RECEIVES SEPARATE CONSIDERATION. IF YOU HAVE MORE THAN ONE CONVICTION TO REPORT, ASK FOR ADDITIONAL CRIMINAL RECORD SHEET(S).

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ☐ NO ☐
2. CONVICTION WAS IN: STATE COURT ☐ FEDERAL COURT ☐
3. COUNTY OF CONVICTION OR COUNTY WHERE FEDERAL DISTRICT COURT IS LOCATED: \_\_\_\_\_
4. STATE OF CONVICTION: \_\_\_\_\_
5. LAST TWO DIGITS OF APPROXIMATE YEAR OF CONVICTION: \_\_\_\_\_
6. TYPE OF CONVICTION: FELONY ☐ MISDEMEANOR ☐
7. FINAL CHARGES:

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8. ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SUPPLY?

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Signature

Today's Date

# Borrower's consent

This consent authorizes LV Lending LLC to verify my personal information as part of my mortgage application process. LV Lending LLC may verify information contained in my/loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

I authorize LV Lending LLC to provide any investor to whom they might sell my loan, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.

This information shall become effective as of the date written below and shall continue in force until revoked by me/us in writing.

\_\_\_\_\_  
Borrower signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-borrower signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

# Borrower information sheet

## **Borrower information**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

## **Nearest relative in the US**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

## **Contact person in the US**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

# E-sign disclosure

By acknowledging to this Electronic Disclosure Agreement ("Agreement"), I Hereby consent to receive all residential and commercial mortgage lending disclosures and/or documents ("Disclosures") required by LV Lending LLC via email or other electronic method. This agreement applies to all the following communications electronically: periodic statements, disclosures, notices, agreements, changes to terms and conditions, fee schedules, records, documents, tax statements, Privacy Notice, and all other information provided to me.

This agreement applies to all products offered by LV Lending LLC to be provided to me by electronic mail ("Email"), or by using other electronic methods allowed pursuant to applicable laws and regulations. I further agree that I may discontinue providing paper copies of disclosures, notices, statements, or other communications that is provided to me.

However, I maintain the right to withdrawal my consent by giving written or email notification to LV Lending LLC at any time to have the Disclosures provided or made available in an electronic form. My withdrawal of my consent shall be affected as soon as practical, and no less than 10 days after receipt of the withdrawal request. I understand that there might be fees associated if I subsequently request paper disclosures.

My consent covers all communications, including those related to any product

or service offered by LV Lending LLC either now or in the future. All communications that is provide to me in electronic form will be provided either (1) via email; (2) by access to a web site that I will be designate in an email notice sent to me at the time the information is available; (3) to the extent permissible by law, by access to a web site that we will be generally designated in advance for such purpose, (4) or by requesting me to download PDF files containing the communication. Electronic Disclosures will be provided to me in PDF, accessible using Adobe Reader. Free software download and system requirements are available at <https://get.adobe.com/reader/>

It is my responsibility to provide and maintain a current email address with LV Lending LLC to contact me electronically as soon as possible by verbal, written or mail notification. LV Lending LLC may treat an invalid email address or the subsequent malfunction of a previously valid email address as a withdrawal of my consent to receive electronic communication.

Withdrawal of my consent shall not affect the legal effectiveness, validly or enforceability of electronic disclosures provided or made available to me proper to implementation of my withdrawal consent.

This Agreement shall remain in full force and effect until withdrawal or cancellation by me by one of the manners set forth above.

\_\_\_\_\_  
Borrower signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Fax number

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

- For use by individuals. Entities must use Form W-8BEN-E.
- Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.
- Give this form to the withholding agent or payer. Do not send to the IRS.

**Do NOT use this form if:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- You are a person acting as an intermediary . . . . . W-8IMY

**Instead, use Form:**

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner** (see instructions)

<b>1</b> Name of individual who is the beneficial owner	<b>2</b> Country of citizenship
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country
<b>4</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	<b>6</b> Foreign tax identifying number (see instructions)
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)

**Part II Claim of Tax Treaty Benefits** (for chapter 3 purposes only) (see instructions)

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)



**Certificate of Status of Beneficial Owner for  
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.  
 ► Go to [www.irs.gov/FormW8BENE](http://www.irs.gov/FormW8BENE) for instructions and the latest information.  
 ► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form for:**

- U.S. entity or U.S. citizen or resident . . . . . W-9
- A foreign individual . . . . . W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) . . . . . W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) . . . . . W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) . . . . . W-8IMY

**Instead use Form:****Part I Identification of Beneficial Owner**

<b>1</b> Name of organization that is the beneficial owner	<b>2</b> Country of incorporation or organization										
<b>3</b> Name of disregarded entity receiving the payment (if applicable, see instructions)											
<b>4</b> Chapter 3 Status (entity type) (Must check one box only): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Central Bank of Issue</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> International organization</td> <td><input type="checkbox"/> Government</td> </tr> </table> <p>If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>		<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization	<input type="checkbox"/> Government
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<b>5</b> Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).   <input type="checkbox"/> Participating FFI.  <input type="checkbox"/> Reporting Model 1 FFI.  <input type="checkbox"/> Reporting Model 2 FFI.  <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.   <input type="checkbox"/> Sponsored FFI. Complete Part IV.  <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.  <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.  <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.  <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII.  <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX.  <input type="checkbox"/> Owner-documented FFI. Complete Part X.  <input type="checkbox"/> Restricted distributor. Complete Part XI.           </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII.  <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.   <input type="checkbox"/> International organization. Complete Part XIV.  <input type="checkbox"/> Exempt retirement plans. Complete Part XV.  <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. 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<b>6</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address</b> (other than a registered address).  <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">City or town, state or province. Include postal code where appropriate.</td> <td style="width: 30%;">Country</td> </tr> </table>		City or town, state or province. Include postal code where appropriate.	Country								
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<b>8</b> U.S. taxpayer identification number (TIN), if required	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>9a</b> GIIN</td> <td style="width: 50%;"><b>b</b> Foreign TIN</td> </tr> </table>	<b>9a</b> GIIN	<b>b</b> Foreign TIN								
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<b>10</b> Reference number(s) (see instructions)											

**Note:** Please complete remainder of the form including signing the form in Part XXX.**For Paperwork Reduction Act Notice, see separate instructions.**

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 7-2017)

**Part II Disregarded Entity or Branch Receiving Payment.** (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

- 11** Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment
- ☐ Branch treated as nonparticipating FFI. ☐ Reporting Model 1 FFI. ☐ U.S. Branch.
- ☐ Participating FFI. ☐ Reporting Model 2 FFI.
- 12** Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

- 13** GIIN (if any) \_\_\_\_\_

**Part III Claim of Tax Treaty Benefits** (if applicable). (For chapter 3 purposes only.)

- 14** I certify that (check all that apply):
- a** ☐ The beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.
- b** ☐ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):
- ☐ Government ☐ Company that meets the ownership and base erosion test
- ☐ Tax exempt pension trust or pension fund ☐ Company that meets the derivative benefits test
- ☐ Other tax exempt organization ☐ Company with an item of income that meets active trade or business test
- ☐ Publicly traded corporation ☐ Favorable discretionary determination by the U.S. competent authority received
- ☐ Subsidiary of a publicly traded corporation ☐ Other (specify Article and paragraph): \_\_\_\_\_
- c** ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).
- 15** **Special rates and conditions** (if applicable—see instructions):
- The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_
- of the treaty identified on line 14a above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_
- Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part IV Sponsored FFI**

- 16** Name of sponsoring entity: \_\_\_\_\_
- 17** **Check whichever box applies.**
- ☐ I certify that the entity identified in Part I:
- Is an investment entity;
  - Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
  - Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.
- ☐ I certify that the entity identified in Part I:
- Is a controlled foreign corporation as defined in section 957(a);
  - Is not a QI, WP, or WT;
  - Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
  - Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

**Part V Certified Deemed-Compliant Nonregistering Local Bank**18 ☐ I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

**Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts**19 ☐ I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

**Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle**

20 Name of sponsoring entity: \_\_\_\_\_

21 ☐ I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

**Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity**22 ☐ I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

**Part IX Certain Investment Entities that Do Not Maintain Financial Accounts**23 ☐ I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

**Part X Owner-Documented FFI**

**Note:** This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a ☐ (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

**Part X Owner-Documented FFI (continued)****Check box 24b or 24c, whichever applies.**

- b** ☐ I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
    - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
    - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
    - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
  - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** ☐ I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

**Check box 24d if applicable (optional, see instructions).**

- d** ☐ I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

**Part XI Restricted Distributor**

- 25a** ☐ (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
  - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
  - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
  - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
  - Does not solicit customers outside its country of incorporation or organization;
  - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
  - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
  - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

**Check box 25b or 25c, whichever applies.**

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** ☐ Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** ☐ Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

**Part XII Nonreporting IGA FFI**

**26** ☐ I certify that the entity identified in Part I:

- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and \_\_\_\_\_ . The applicable IGA is a ☐ Model 1 IGA or a ☐ Model 2 IGA; and is treated as a \_\_\_\_\_ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
- If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor \_\_\_\_\_ . The trustee is: ☐ U.S. ☐ Foreign

**Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue**

**27** ☐ I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

**Part XIV International Organization**

**Check box 28a or 28b, whichever applies.**

**28a** ☐ I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).

**b** ☐ I certify that the entity identified in Part I:

- Is comprised primarily of foreign governments;
- Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
- The benefit of the entity's income does not inure to any private person; **and**
- Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

**Part XV Exempt Retirement Plans**

**Check box 29a, b, c, d, e, or f, whichever applies.**

**29a** ☐ I certify that the entity identified in Part I:

- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
- Is operated principally to administer or provide pension or retirement benefits; **and**
- Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.

**b** ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- No single beneficiary has a right to more than 5% of the FFI's assets;
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
  - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
  - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
  - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
  - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.

**c** ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- Has fewer than 50 participants;
- Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
- Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
- Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

**Part XV Exempt Retirement Plans** *(continued)*

- d ☐ I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e ☐ I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f ☐ I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
  - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

**Part XVI Entity Wholly Owned by Exempt Beneficial Owners**

- 30 ☐ I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
  - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
  - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
  - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
  - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

**Part XVII Territory Financial Institution**

- 31 ☐ I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

**Part XVIII Excepted Nonfinancial Group Entity**

- 32 ☐ I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
  - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
  - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
  - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

**Part XIX Excepted Nonfinancial Start-Up Company**

- 33 ☐ I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) \_\_\_\_\_ (date must be less than 24 months prior to date of payment);
  - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
  - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
  - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

**Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy**

- 34 ☐ I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on \_\_\_\_\_;
  - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
  - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
  - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

**Part XXI 501(c) Organization**

**35** ☐ I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated \_\_\_\_\_; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

**Part XXII Nonprofit Organization**

**36** ☐ I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

**Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation**

**Check box 37a or 37b, whichever applies.**

**37a** ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including \_\_\_\_\_ (name one securities exchange upon which the stock is regularly traded).

**b** ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is \_\_\_\_\_; **and**
- The name of the securities market on which the stock is regularly traded is \_\_\_\_\_.

**Part XXIV Excepted Territory NFFE**

**38** ☐ I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
  - (i) Does not accept deposits in the ordinary course of a banking or similar business;
  - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
  - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

**Part XXV Active NFFE**

**39** ☐ I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

**Part XXVI Passive NFFE**

**40a** ☐ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

**Check box 40b or 40c, whichever applies.**

- b** ☐ I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c** ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

**Part XXVII Excepted Inter-Affiliate FFI**

**41** ☐ I certify that the entity identified in Part I:

- Is a member of an expanded affiliated group;
- Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
- Does not make withholdable payments to any person other than to members of its expanded affiliated group;
- Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
- Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

**Part XXVIII Sponsored Direct Reporting NFFE** (see instructions for when this is permitted)

**42** Name of sponsoring entity: \_\_\_\_\_

**43** ☐ I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

**Part XXIX Substantial U.S. Owners of Passive NFFE**

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

**Part XXX Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W;
- The entity identified on line 1 of this form is not a U.S. person;
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income; **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

**I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.**

**Sign Here** 

\_\_\_\_\_  
Signature of individual authorized to sign for beneficial owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (MM-DD-YYYY)

☐ I certify that I have the capacity to sign for the entity identified on line 1 of this form.



## Reporting Agent Authorization

OMB No. 1545-1058

► Information about Form 8655 and its instructions is at [www.irs.gov/Form8655](http://www.irs.gov/Form8655).

### Taxpayer

<b>1a</b> Name of taxpayer (as distinguished from trade name)		<b>2</b> Employer identification number (EIN)
<b>1b</b> Trade name, if any		<b>4</b> If you are a seasonal employer, check here <input type="checkbox"/>
<b>3</b> Address (number, street, and room or suite no.)		<b>5</b> Other identification number (optional)
City or town, state, and ZIP code		
<b>6</b> Contact person	<b>7</b> Daytime telephone number	<b>8</b> Fax number

### Reporting Agent

<b>9</b> Name (enter company name or name of business)		<b>10</b> Employer identification number (EIN)
<b>11</b> Address (number, street, and room or suite no.)		
City or town, state, and ZIP code		
<b>12</b> Contact person	<b>13</b> Daytime telephone number	<b>14</b> Fax number

### Authorization of Reporting Agent to Sign and File Returns (Caution: See Authorization Agreement)

**15** Indicate the tax return(s) to be signed and filed. For quarterly returns, use "YYYY/MM" format. "MM" is the last month of the quarter for which the authorization begins (for example, "2018/09" for third quarter of 2018). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.

940 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	945 _____	1042 _____	CT-1 _____	

### Authorization of Reporting Agent to Make Deposits and Payments (Caution: See Authorization Agreement)

**16** Indicate the tax return(s) for which the reporting agent is authorized to make deposits or payments. Use the "YYYY/MM" format to enter the month in which the authorization begins (for example, "2018/08" for August 2018).

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

### Duplicate Notices to Reporting Agents

**17** Check here to request the IRS to issue to the reporting agent duplicate copies of notices and correspondence regarding returns filed and deposits or payments made by the reporting agent ☐

### Disclosure Authorization for Forms Series W-2, 1099, and/or 3921/3922

- 18a** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning \_\_\_\_\_.
- b** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning \_\_\_\_\_.
- c** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Forms 3921 and 3922. This authority is effective for calendar year forms beginning \_\_\_\_\_.

### State or Local Authorization (Caution: See Authorization Agreement)

**19** Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16 ☐

### Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made and that I may enroll in the Electronic Federal Tax Payment System (EFTPS) to view deposits and payments made on my behalf. If line 15 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 16 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is terminated or revoked by the taxpayer or reporting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

**Sign Here**

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.



Signature of taxpayer



Title



Date

# Mortgage clause

Please send this page to your insurance agency  
and title company to update your property  
coverage and closing documents:

LV Lending LLC, a Florida Limited Liability Company  
ISAOA, ATIMA

175 SW 7<sup>TH</sup> ST STE 2101  
Miami, FL 33130

# Insurance conditions

Please consult the following table for our minimum insurance conditions according to your property type:

Property Type	Type of Policy
Residential	<b>DP3</b> <b>Dwelling:</b> Components of the structure: floors, roof, walls, and foundation: Replacement cost per appraisal. Cost approach per appraisal. <b>Other structure:</b> 100% Appraised value if applicable. <b>Personal property:</b> 10000 <b>Loss of use/ Loss of profit:</b> 0.5% Property Value. Minimum 12 months of coverage. <b>Personal Liability:</b> ≥ \$100,000 <b>Flood:</b> ≥\$250,000 <b>Hurricane:</b> 2-5% Deductible of dwelling coverage.
Homeowners association (HOA)	<b>HO3</b> <b>Dwelling:</b> Components of the structure: floors, roof, walls, and foundation Replacement cost per appraisal. Cost approach per appraisal. <b>Other structure:</b> 100% Appraised value if applicable. <b>Personal property:</b> 10000 <b>Loss of use/ Loss of profit:</b> 0.5% Property Value. Minimum 12 months of coverage. <b>Personal Liability:</b> ≥ \$100,000 <b>Flood:</b> ≥\$250,000 <b>Hurricane:</b> 2-5% Deductible of dwelling coverage.

Condominium	<p><b>HO6</b></p> <p><b>Dwelling:</b> Components of the structure: floors, roof, walls, and foundation 20% of appraised property value. Min\$50,000.</p> <p><b>Other structure:</b> N/A</p> <p><b>Personal property:</b> 10000</p> <p><b>Loss of use/ Loss of profit:</b> 0.5% Property Value. Minimum 12 months of coverage.</p> <p><b>Personal Liability:</b> ≥ \$100,000</p> <p><b>Flood:</b> Master Policy Flood Insurance</p> <p><b>Hurricane:</b> 2-5% of Dwelling coverage found in HO6 policy.</p>
Commercial	<p><b>Commercial Property Insurance</b></p> <p><b>Dwelling:</b> Components of the structure: floors, roof, walls, and foundation Replacement cost per appraisal</p> <p><b>Other structure:</b> 100% Appraised value if applicable.</p> <p><b>Personal property:</b> N/A</p> <p><b>Loss of use/ Loss of profit:</b> According to the income approach found in the property's appraisal.</p> <p><b>Personal Liability:</b> ≥ \$100,000</p> <p><b>Flood:</b> ≥\$500,000</p> <p><b>Hurricane:</b> 2-5% Deductible of dwelling coverage.</p>
Industrial	<p><b>Industrial property Insurance</b></p> <p><b>Dwelling:</b> Components of the structure: floors, roof, walls, and foundation Replacement cost per appraisal</p> <p><b>Other structure:</b> 100% Appraised value if applicable.</p> <p><b>Personal property:</b> N/A</p> <p><b>Loss of use/ Loss of profit:</b> According to the income approach found in the property's appraisal.</p> <p><b>Personal Liability:</b> ≥ \$1,000,000 per occurrence</p> <p><b>Flood:</b> ≥\$500,000</p> <p><b>Hurricane:</b> 2-5% Deductible of dwelling coverage.</p>
Land	<p><b>Commercial Insurance</b></p> <p><b>Dwelling:</b> Components of the structure: floors, roof, walls, and foundation: N/A</p> <p><b>Other structure:</b> N/A</p> <p><b>Personal property:</b> N/A</p> <p><b>Loss of use/ Loss of profit:</b> N/A</p> <p><b>Personal Liability:</b> Loan value</p> <p><b>Flood:</b> N/A</p> <p><b>Hurricane:</b> N/A</p>