

## **Investor Information**

Effective Date:		Quot	e Needed Date: _					
Business Name:								
Mailing Address:								
City:	State:		Zip:	Phone:				
Physical Address:								
City:	State:		Zip:	Website:				
Billing Contact:			Billing Contact	Email:				
Property Manager:			Email:	Email: Phone:				
Executive Contact:			Email:	Phone:				
Business Type: Re	eal Estate Investo	or	Property Manag	ger Lender	Note	Buyer		
		<u>Port</u>	folio Information	<u>!</u>				
Total Portfolio	Residential Occupied		Residential Vacant	Commercial	Oth	er		
Total Values								
Highest Individual Property Value								
Average Time in Portfolio								
Number of New Properties (Past 12 Months)								
		<u>Insu</u>	rance Information	<u>1</u>				
Have you incurred any	losses or claims,	report	ted or not, in the	last three years?	Yes	No		
Please provide a 3-yea	r claims report fr	om yo	ur current provide	er.				
Optional Coverage / Er	ndorsements:							
Deductible:	\$5,000		\$10,000	\$25,000				
Premises Liability:	Yes	No	Uninstalled Bu	ilding Materials:	Yes	No		
Loss of Rental Income:	Yes	No	Boiler Mechan	ical Breakdown:	Yes	No		
Residential Contents:	Yes	No	Water/Sewer E	Back-Up:	Yes	No		
Flood Coverage:	Yes	No	Ordinance or L	aw:	Yes	No		

## **Underwriting Information**

Please provide a list of key personnel including job title, current resume, and real estate experience.

Please complete Property Portfolio Spreadsheet or attach your own spreadsheet of locations.

	ues represent wha chase Price			nt Market Valu anding Loan Ba	<b>'</b>			
Do you plan	on buying blocks	or groups o	of pro	perties			Yes	No
	per of Properties:			Total Value:	\$			
	ا olved in any lendir	g activity o	r Ren	_			Yes	No
If yes, pleas	,							
	chase tax liens?						Yes	No
, ,	e describe:							
	ies inspected prior	to closing	?				Yes	No
If yes, pleas	e describe:							
Do you have	e a company perfo	rming insp	ectior	ns, including ph	otos?		Yes	No
If yes, pleas	e list the company	name:						
Do you secu	ire properties afte	r purchase	?				Yes	No
If yes, pleas	e describe:							
How often a	are inspections pe	formed aft	er pu	rchase?				
Exterior:	Monthly	Bi-Mont	hly	Quarterly	Other:			
Interior:	Monthly	Bi-Mont	hly	Quarterly	Other:			
How do you	winterize propert	ies?						
Do you perf	form renovations?						Yes	No
If yes, pleas	e list the name of	the contrac	ctor ut	tilized:				
Cosmetic:	Yes	No		Average Cos	t of Renov	ation: \$		
Structural:	Yes	No		Average Cos	t of Renov	ation: \$		
Are all nece	ssary permits pull	ed?					Yes	No
Please desc	ribe:							

Does the insured maintain a maintenance schedule for it's property?	Yes	No
What is the typical response time when emergency repairs are needed?		
Do you use a management company?	Yes	No
If yes, please list the name of the management company:		
Do you have any subsidized tenants at any location?	Yes	No
If yes, what percentage?%		
Any student housing?	Yes	No
If yes, what percentage?%		
Do you have any seasonal or short-term rentals (less than 1 year)? (Short-term rentals are not eligible for this program)	Yes	No
Are all rental dwellings and tenants registered with local municipalities?	Yes	No
Do you require tenants to have their own renters' insurance policy?	Yes	No
Please describe your tenant selection process:		
Credit Check Criminal History Prior Renta	l Skips	
Do you have eviction procedures that comply with all applicable laws and ordinances?	Yes	No
Are dogs allowed?	Yes	No
If yes, please describe size and breed restrictions:		
Are any of the following exposures present at any location? (Check all that apply)		
Swimming Pools Trampolines Playground Se	ts	
Occupancy Rate:%		
How do you minimize losses for theft?		
How do you minimize losses for vandalism?		

Number of employees:						
Does your company have workers compensation coverage?	Yes	No				
Does your company have general liability coverage or a business owners policy?	Yes	No				
Do you hire unlicensed handymen or contractors?	Yes	No				
Are all subcontractors licensed and insured?	Yes	No				
Are you named as additional insured by all subcontractors before work begins?	Yes	No				
Business Plan: Describe your company's operations and future plans (Use a separate sheet if needed):						
It is the responsibility of the applicant to read and understand the contents of this application. The applicant declares that all info	erstands	that incorrect				
	erstands ed in this	that incorrect				
application is true, correct and complete and that no material fact has been suppressed or misstated. The applicant further under incomplete statements or information could void the coverage afforded under the "Policy" issued from the information contain	erstands ed in this	that incorrect				
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