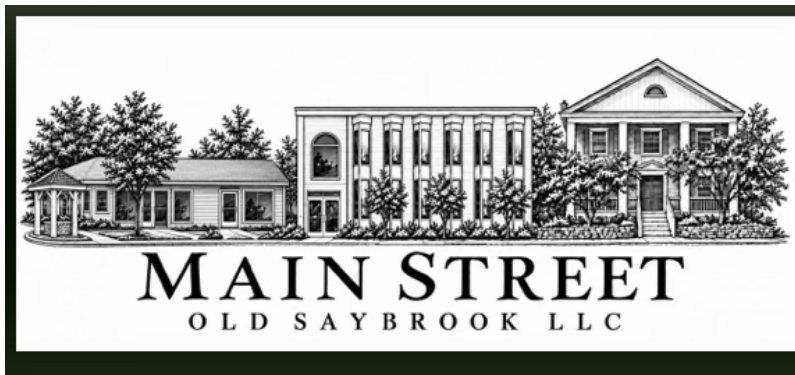




TENANT INFORMATION FORM

Complete all applicable fields. Enter N/A where appropriate.

01 Tenant and Location Information

Tenant LLC / Legal Entity Name

Tenant DBA / Trade Name

Building Number

Suite Number(s)

Property Street / Road

Mailing Address / P.O. Box (if same, enter Same as Property)

Mailing City / Town

State

ZIP Code

Business Website

Main Business Phone

02 Business Contacts

Primary Contact

Full Name

Title / Role

Phone Number

Email Address

Secondary Contact

Full Name

Title / Role

Phone Number

Email Address

TENANT INFORMATION FORM

Business operations, emergency contact, and insurance

03 Business Operations

Type of Business / Services Provided

On-Site Employees

Average Visitors / Customers / Clients Per Day

Busiest Days / Times

Normal Operating Hours (include days, opening / closing times, and closed days)

Parking, Deliveries, After-Hours Access, or Special Facility Needs

04 After-Hours Emergency Contact

Full Name (may be a contact listed on page 1)

Title / Relationship to Business

Emergency Phone Number

Email Address

05 Insurance Information

Insurance Company

Policy Number

Coverage Type(s)

Expiration Date

Liability Limit

Insurance Agent / Agency

Agent Phone Number

Agent Email Address

Certificate of Insurance Status

Additional Information (other coverage, licenses / permits, or property-related needs)

Completed By

Title / Role

Date Completed

Please provide a current insurance certificate and notify management when this information changes.