



Casualty (Physical Damage) & Condemnation Program

Credit Tenant Lease Protection • Underwriting Information

Section 1: General Information

Property Owner Name: _____

Principal Contact Name: _____

Mailing Address _____

Mailing City/State/Zip _____

Phone () _____ Fax () _____ Email _____

Section 2: Lease / Loan Information:

Name of Lender/Loss Payee or Trustee: _____

Principal Contact Name: _____

Mailing Address _____

City/State/Zip _____

Phone () _____ Fax () _____ Email _____

Lease Payments From the Subject Lease: _____

Original Lease Inception Date: _____ Original Lease Term (Years) _____

Loan Amount: _____ Term of Loan: _____

First Mortgage? Yes No Self-Amortizing Loan? Yes No

If loan is not self-amortizing, please describe: _____

Section 3: Information Concerning the Property

Subject Property Address: _____

Access Road Information (Describe - Name, Route #): _____

Name of Tenant: _____ Date of Construction: _____

Type Of Property

- Retail Store
- Strip Shopping Center
- Land Lease
- Office
- Industrial/Warehouse
- Other _____

Construction Type

- Fire Resistive
- Non-Combustible
- Joisted Masonry
- Frame
- Other _____

Fire Protection

- Fully Sprinklered
- Partially Sprinklered
- Non Sprinklered
- Alarms (describe) _____

Section 3: Information Concerning the Property (continued)

Is any portion of the subject property situated in:

- 1) a designated Flood Zone "A" or "V"? No Yes (describe) _____
- 2) an earthquake zone? No Yes (describe) _____
(policy form excludes flood and earthquake coverage unless specifically requested)

Condition: It is agreed that during the term of this policy the Insured will not cancel or restrict or allow to expire and not renew any other insurance in force at the time coverage hereunder attaches, which covers similar risk(s) covered hereunder.

Section 4: Coverage Parts Requested: **Eminent Domain Information**Condemnation

Trigger - Parking more than _____% of a total of _____ spaces

Trigger - Improvements more than _____%

May Tenant elect to terminate the lease for a partial taking if restoration work cannot be completed within a fixed period of time? No Yes (if Yes, indicate time period _____)

If the period of time is "reasonable", whose opinion determines what is a "reasonable period of time"?

Tenant Landlord Architect (whose? _____) Other _____

Condemnation Proceeds

Tenant has right to the value of leasehold interest from landlord's award _____

Tenant has right to the value of its I & B from landlord's award _____

Do you have knowledge of any circumstances, including but not limited to actual or threatened proceedings by any government authority that could reasonably give rise to a claim made against this policy contract? No Yes (if Yes describe)

 Casualty InformationDestruction Trigger:

Greater than _____%

Substantial

Non-economic use

Cannot rebuild within _____ days

Other _____

Window for Casualty:

last _____ years

full term

Abatement during reconstruction? Yes No

Has the subject property suffered any loss or damage in excess of \$100,000 from fire, wind, or other casualty, insured or otherwise, within the last 5 years? No Yes (if Yes, describe) _____

Section 5: Attachments (required)

- Complete copy of the lease for the subject property
(it is understood that subsequent amendments or endorsements to the lease are not insured without express written acknowledgment from the insurer)
- Loan amortization schedule
- Statement from applicable local authority indicating no known current or future plans to take any of the site by eminent domain
- Site plan

At the time of the signing of this application, do you know any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company or the Borrower?

No Yes

If "Yes", please attach details to application: _____

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. Applicant's acceptance of Company's quotation and Company's written agreement to be bound are required to bind coverage and to issue policy. It is agreed that this form may be the basis of the contract should a policy be issued, and may be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

APPLICANT _____

TITLE _____ DATE _____

return completed form to:



NORTHSTAR INSURANCE MANAGEMENT COMPANY
 NORTHSTAR RISK MANAGEMENT | NORTHSTAR BENEFITS, INC.
 STEVEN A. CLEMMENSEN | WWW.NSTARMGT.COM
 6240 WEST 135TH STREET, SUITE 200. OVERLAND PARK, KS 66223
 TEL 913.647.5373 | FAX 913.647.5355