



Main Office
397 Eagleview Blvd.
Suite 100
Exton, PA 19341

Application for Commercial Lenders

Instructions:

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.

Required Attachments, please attach copies of the following:

- Past five (5) year loss runs, if available.
- Past two (2) years of the Borrower's audited financial statements.
- Commercial Mortgage Loan Documents plus any applicable Environmental Indemnity Agreements.
- The Credit Memorandum.
- All Environmental Site Assessments and Property Conditions Assessments.

NOTICE: The coverage applied for is solely as stated in the Policy and any endorsement(s) attached thereto.

General Information

1. Name of Applicant _____
 Principal Contact _____
 E-mail Address _____
 Mailing Address _____
 Telephone # _____ Fax # _____
 Website http:// _____
 Years in Business _____ EPA Number(s) _____
 Company is Corporation Partnership Joint Venture LLC/LLP
 Other _____
 Public Private

2. Borrower's Name _____
 Mailing Address _____
 Borrower is Corporation Partnership Joint Venture LLC/LLP
 Other _____
 Public Private

3. Desired effective date of coverage _____

4. Desired length of policy term _____

5. Desired Limits of Liability and Retention Amount:
 Each Loss Limit \$ _____
 Aggregate Limit \$ _____
 Retention Amount \$ _____

General Information *Continued*

Yes No

6. Describe in detail the Insured's Operations

7. Please list any acquired, affiliated, parent, predecessor, related, subsidiary or other firms for which coverage is requested:

Name of Company

Relation to Named Insured

Revenues associated with this Company

8. Within the last five (5) years has the applicant purchased this type of insurance coverage?

If yes, please provide information regarding any such coverage and all available loss information.9. Within the last five (5) years have any claims been made or legal actions (*including regulatory actions*) been brought against any prospective Insureds?

10. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?

11. Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them?

12. At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy?

If the answer to question 9., 10., 11., or 12. above was yes, please provide a description of the circumstance or claim (*detail the actual or alleged incident, location, date, type of injury and/or damage, etc.*). In addition, provide information as to what actions have been taken by the proposed insured(s) to mitigate or avoid a similar loss from occurring again.

Loan Information

1. Loan Amount _____ 2. Loan Term _____

3. Amortization Term _____ 4. Loan to Value Ratio _____

5. Debt Service Coverage Ratio _____

6. Is this a refinance of an existing loan? _____ 7. Is this the primary mortgage loan? _____

8. What is the collateral for the loan? Land Building Business Value Other**If other**, please explain _____

9. Are any of the loan proceeds intended for site renovations or new construction? _____

If yes, provide details _____

Warranty, Authorized Signature and Continuing Duty To Update

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Title _____

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Signed by Licensed Resident Agent _____

(Where Required By Law)