

1. Name of Applicant _____
 (Show the complete name as it appears on the policy.)

2. Location of Property _____

3. If the applicant is a Corporation, state date and place of incorporation _____

4. If applicant is a Real Estate Trust, state Registry Book and page in which the trust instrument is filed _____

5. List Names and Addresses of:
 (a) All current offices of the Corporation or Holding Company.
 (b) Partners, including Limited Partners.
 (c) Trustees and Beneficiaries of a Trust.

<u>Name</u>	<u>Address</u>	<u>Position</u>	<u>Extent of Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List all other properties owned by the applicant or in which the applicant has a financial interest.

<u>Location</u>	<u>State</u>
_____	_____
_____	_____
_____	_____

7. Provide details below on those individuals identified in question number 5 involved in losses of unknown, suspicious, or incendiary origin.

<u>Name</u>	<u>Location</u>	<u>Amounts</u>	<u>Causes</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. Has any person listed in question number 5 ever been indicted or convicted for fraud, bribery, arson, or any other crime for the purpose of defrauding an insurance company?

No _____ Yes _____ (Identify individual below.)

9. Does any person listed in question number 5 also have an interest in a lending institution providing a Mortgage or Loss Payee loan on this property.

<u>Person</u>	<u>Lending Institution</u>
_____	_____
_____	_____

10. Is any person with a financial interest in the property to be insured, related to, or any way associated with, the previous owner(s) of this property? No _____ Yes _____

<u>Name</u>	<u>Lending Institution</u>
_____	_____
_____	_____
_____	_____

ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES HEREON MAY VOID THE POLICY. Signed under the pains and penalties of perjury.

 Date

 Signature of Applicant or Authorized Representative