



CRERDI® - Commercial Real Estate Rent Default Insurance Application

APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED

Insured general information

Insured legal name * _____

Entity type * Corporation Limited Liability Company (LLC) Living Trust Non-Profit
 Partnership Sole-Proprietor Trust

TIN * _____

Business physical address * _____

City * _____ State * _____ Zip * _____

Business mailing address * _____

City * _____ State * _____ Zip * _____

Insured contact information

First name * _____ M/I _____ Last name * _____ Title * _____

Email * _____ Primary telephone * _____ Alternate telephone _____

Property information

Property legal name * _____

Property physical address * _____

City * _____ State * _____ Zip * _____

Property type * Office Industrial Retail Hotels Mixed-Use Special-Purpose
 Medical Building All Others (if ALL OTHERS, please describe) _____

Number of floors * _____ Number of buildings * _____ Number of units * _____

Entity type * Corporation Limited Liability Company (LLC) Living Trust Non-Profit
 Partnership Sole-Proprietor Trust

TIN * _____

Underwriting questions *

	<u>Yes</u>	<u>No</u>
Have you had insurance declined or canceled by any carrier in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Any claims or losses whether or not paid by insurance, in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a standard commercial lease agreement with all tenants?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any current defaults on the lease(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Are all obligations, commitments, space, payments, repairs, build out allowances, inducements, other sums and conditions under the lease to be performed to date by Property Owner/Agent have been satisfied, per lease agreement?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any violations of any environmental laws or regulations that have occurred or currently exists with respect to the occupied premises?	<input type="checkbox"/>	<input type="checkbox"/>

