



Return to:  
 CRE Insurance Solutions  
 950 Echo Lane, Suite 120  
 Houston, Texas 77024  
 (832) 404-2125  
 loc.mcnew@creins.com

# Shortfall Insurance Application

## Insured Lender Information

Insured Lender:		
Street Address:		
City:	State:	Zip:

Trust Name (if applicable):
Principal Contact Name and Telephone No.:
Email Address:

## Property Owner / Loan Information

Owner:		
Address:		
City:	State:	Zip:
Contact Name:		
Telephone No.:		
Email Address:		

Original Effective Date of Lease:	Proposed Policy Inception:
Original Lease Term (Years):	Proposed Policy Expiration:
Loan Amount:	Term of Loan:
First Mortgage: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fully Amortizing Loan: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mezzanine Loan: Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Property Information

Subject Property Address:		
City:	State:	Zip:
Name of Tenant and Use of Premises:		

Primary Access Road Information: Name/Rte. #	
Secondary Access Road Information: Name/Rte. #	
Beginning Date of Construction:	Est. Date of Completion:

### Type of Property

- Office
- Industrial
- Retail
- Parking Garage
- Medical
- \_\_\_\_\_ Other

### Construction Type

- Fire Resistive
- Non Combustible
- Joisted Masonry
- Frame
- Sq. Ft. \_\_\_\_\_
- # of Stories \_\_\_\_\_

### Fire Protection:

- Fully Sprinklered
- Part Sprinklered
- Non Sprinklered
- Alarms
- Describe: \_\_\_\_\_

Check if any portion of the subject property is situated in  
 Flood Zone "A"  "B"  "V"

Is the property located in any of the following states?  
 AR, CA, HI, ID, FL, OR, KY, MO, MT, NE, OK, SC, TN  
 UT, WA, WY

Yes  No



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## Coverage Parts Requested:

Eminent Domain Condemnation  Casualty

### Eminent Domain Information:

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 taking affecting any portion of the property (land, improvements or lease)?

Yes  No  If "Yes", please provide detailed information by attaching an explanation.

### Casualty Information:

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 past 5 years?

If "Yes", describe:

Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

### Attachments forming part of this application and must be submitted prior to policy effective date

- |  |  |
|--|--|
| <input type="checkbox"/> Appraisal including Land Value                    | <input type="checkbox"/> Property Construction & Protection Detail (for casualty coverage) |
| <input type="checkbox"/> Loan Amortization Schedule (if applicable)        | <input type="checkbox"/> Property Protection Detail (for casualty coverage)                |
| <input type="checkbox"/> Survey (for condemnation coverage)                | <input type="checkbox"/> Property Insurable Value (for casualty coverage)                  |
| <input type="checkbox"/> Property Condition Report (for casualty coverage) | <input type="checkbox"/> Business Interruption Insurance Value (for casualty coverage)     |

Agent or Broker of Record: \_\_\_\_\_ Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Insured Acknowledgment and Signature

Submission of this application does not bind the insurance company or create an obligation of any kind to provide shortfall insurance. This application is subject to review and approval by the insurance company which approval shall be at the insurance company's sole and absolute discretion. Additional information may be required.

Insured acknowledges and agrees, to the best of its knowledge, that the information provided in this application and additional information submitted herewith is true and accurate. Further, Insured confirms that the Agent or Broker of Record identified in this application, if applicable, is the Agent or Broker of Record of the Insured.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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## Property Owner Acknowledgment and Signature

Submission of this application does not bind the insurance company or create an obligation of any kind to provide shortfall insurance. This application is subject to review and approval by the insurance company which approval shall be at the insurance company's sole and absolute discretion. Additional information may be required.

Owner hereby acknowledges and agrees that the policy hereby applied for is for the exclusive benefit of the Insured Lender, and that Owner shall derive no financial benefit therefrom. Further, the Owner hereby certifies that the information contained in this application and attachments is true and accurate.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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