



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

# Zoning Non-Conformance Insurance Application

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## 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"/>	
Loan Balloon Amount at Maturity:	

## 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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## ZONING NON-CONFORMANCE DETAIL

**Current Non-Conformance:** (provide specific details attach additional pages if needed)

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**Permitted Improvements:** (Under Current Code - provide specific details add additional pages if needed)

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**Destruction Trigger:** (Level of Damage Under Current Code that Requires Property to Meet Current Zoning Code )

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**Past Damage:** 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? Yes  No

If "Yes", describe:

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

- |  |   |
|--|---|
| <input type="checkbox"/> ALTA/NSPS Land Title Survey                             | <input type="checkbox"/> Appraisal  |
| <input type="checkbox"/> Zoning Report   | <input type="checkbox"/> Environmental Site Assessments   |
| <input type="checkbox"/> Current Zoning Code / Ordinance (all relevant sections) | <input type="checkbox"/> Evidence of property insurance (for casualty coverage)                             |
| <input type="checkbox"/> Loan Amortization Schedule                              | <input type="checkbox"/> Sales Offering Memorandum  |
| <input type="checkbox"/> Property Condition Reports                              | <input type="checkbox"/> Detailed Description of Current Non-Conformance<br>(including what can be rebuilt) |

Agent or Broker of Record: \_\_\_\_\_ Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_



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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 zoning non-conformance 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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