

# Act Insurance Managers Limited

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Canada R3P 0N5

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[www.actinsurancemanagers.com](http://www.actinsurancemanagers.com)

## Commercial Mortgage Insurance Application

Please fill out on-line and print or print and complete using black ink. Forward to the above address.

### Section 1 – Information about Contact Person

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Number

Street Name

City

Province

Postal Code

Telephone # \_\_\_\_\_ Ext. \_\_\_\_\_ Fax # \_\_\_\_\_

Experience in this type Business \_\_\_ Years \_\_\_ Months E-mail: \_\_\_\_\_

### Section 2 – Information about the Company

Loan Request \$ \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Name of Business \_\_\_\_\_

Federal Corporation Business # \_\_\_\_\_

Address of Property \_\_\_\_\_

Number

Street Name

City

Province

Postal Code

Nature of Subject Property \_\_\_\_\_

(Office Building, Retail Store, Shopping Centre, Regional Mall, Multi-Family 5+ Units, Hotel, Motel, or Resort, Mixed Use Facilities, Office & Warehouse, Industrial, Manufacturing, Warehouse/Distribution, Oil Field Related Services, Medical Care, Assisted Living, Mobile Home Park, RV park or RV Resort, Funeral Home, Automotive Dealers, Self-Storage, Other)

Year Built \_\_\_\_\_ Date of Purchase \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Purchase \$ \_\_\_\_\_

Year of Last Major Renovation \_\_\_\_\_ Number of Units/Suites \_\_\_\_\_

# of Buildings \_\_\_\_\_ Parking Spaces \_\_\_\_\_

Gross Building Space \_\_\_\_\_ square feet/meters Net Rentable Space \_\_\_\_\_ square feet/meters

Current Occupancy Rate \_\_\_\_\_% Percentage by Owner \_\_\_\_\_% Percentage by Tenants \_\_\_\_\_%

2006 Occupancy Rate \_\_\_\_\_% 2005 Occupancy Rate \_\_\_\_\_% 2004 Occupancy Rate \_\_\_\_\_%

Borrower's Estimate of Current Value \$ \_\_\_\_\_ Source \_\_\_\_\_

Last Certified Appraisal, if known: Appraised Value \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section 3 – Information concerning your Insurance Request

\_\_\_\_\_ Purchase Date Contract signed \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Refinance \_\_\_\_\_ Construction \_\_\_\_\_ Cash Out \_\_\_\_\_ Other

### Preliminary Financial Information

For the Calendar Year 2006

Gross Income of Property \$ \_\_\_\_\_

Less Expenses \* (-) \$ \_\_\_\_\_

Net Operating Income \$ \_\_\_\_\_

For the Calendar Year 2005

Gross Income of Property \$ \_\_\_\_\_

Less Expenses \* (-) \$ \_\_\_\_\_

Net Operating Income \$ \_\_\_\_\_

\*Do not include any Loan Principle & Interest Expenses paid

Purchase Price	\$ _____
Pay-off amount 1 <sup>st</sup> lien	\$ _____
Pay-off amount 2 <sup>nd</sup> lien	\$ _____
Other Indebtedness	\$ _____
Construction Expenses	\$ _____
Establish Rehab Money	\$ _____
Other/Cash Out	\$ _____
<b>Sub-Total</b>	<b>\$ _____</b>
Less Seller Financing (-)	\$ _____
Less Down Payment (-)	\$ _____
<b>Loan Amount</b>	<b>\$ _____</b>

Section 4 – Other Information

List the names of **all** individuals, corporations, or any other entity that will own 10% of the subject property.

Name	Current Address (Number, Street, City, Province, Postal Code)	SIN#/Federal Corporation #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach a separate page if more space is required)

Is the borrower or any named principal involved in any pending lawsuits? Yes/No  
Are there any outstanding judgments or liens against the borrower, or any named principal? Yes/No  
Has the borrower or any named principal ever declared bankruptcy? Yes/No  
Does the borrower or any named principal owe any delinquent federal, provincial, or local taxes? Yes/No  
If yes, give details and any discharge dates: \_\_\_\_\_

(Attach a separate page if more space is required)

Concerning the subject property and its neighbourhood: Are there any Environmental Issues? Yes/No  
If yes, give details: \_\_\_\_\_

Please provide two business references:

Name	Company	Telephone #	Facsimile #
_____	_____	_____	_____
_____	_____	_____	_____

# Borrower's Certification and Authorization

## CERTIFICATION

The undersigned certifies the following:

1. I/We have applied for commercial mortgage insurance from Act Insurance Managers Limited, its assigns, affiliated lenders, or associated investors. In applying for the insurance, I/We completed an insurance application containing a variety of information, and have supplied additional information concerning the financial condition of the borrowing entity, the personal financial condition of the guarantor, and financial information on the proposed project. I/We certify that to the best of my/our knowledge all of the information supplied is true, complete and correct. I/We made no misrepresentations in the loan application or any other documents, nor did I/We omit any pertinent information.
2. I/We fully understand that it is a crime punishable by fine, imprisonment, or both to knowingly make any false statements or supply false or misleading information when applying for this insurance, as applicable under provincial and federal laws.

## AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We have applied for commercial mortgage insurance with Act Insurance Managers Limited. As part of the application process, Act Insurance Managers Limited, its assigns, affiliated lenders, associated investors, or regulatory examiners may obtain or verify information contained in my/our loan insurance application and in other documents required in connection with the loan, either before the loan is closed, or after as part of a quality control program.
2. I/We hereby authorize you to provide to Act Insurance Managers Limited and any other investor to whom Act Insurance Managers Limited, its assigns, affiliated lenders, or associated investors may sell, submit, or transfer the loan to, including any and all information and documentation that they may request. Such information includes, but is not limited to, employment history and income; money market, bank records, chequing accounts, and similar account balances; credit reports, credit history; and copies of income tax returns; plus obtaining and verifying references.
3. I/We hereby authorize Act Insurance Managers Limited, and/or its investors to order copies of my/our credit report from any credit service, to perform background checks and searches on myself and any related person or entity during the underwriting of my/our loan insurance request or if funded during the loan term.

4. Act Insurance Managers Limited, regulatory examiners, or any investor that considers funding the loan, plus anyone who purchases the loan, may address this authorization to any party named in the information provided by be, or the loan documentation. A copy of this authorization may be accepted as the original.
5. Your prompt reply to Act Insurance Managers Limited, its assigns, affiliated lenders, associated investors, or regulatory examiners or any other investor considering or working on the loan is appreciated.

First Borrower's Signature \_\_\_\_\_

Printed Full Name \_\_\_\_\_

First Middle Last

Current Home Address \_\_\_\_\_

Number Street City Province Postal Code

Phone # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Second Borrower's Signature \_\_\_\_\_

Printed Full Name \_\_\_\_\_

First Middle Last

Current Home Address \_\_\_\_\_

Number Street City Province Postal Code

Phone # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_