

## APPLICATION CHECKLIST COMMERCIAL REAL ESTATE LOAN

This Checklist has been provided to help you gather information to include with your application.

Your Loan Officer will help you determine the information you need to provide and answer any questions you may have.

Please return the following completed and signed Application forms to your Loan Officer.

- \_\_\_\_\_ Business Loan Application
- \_\_\_\_\_ Commercial Real Estate Addendum
- \_\_\_\_\_ Personal Financial Statement (*for each individual Borrower, Co-Borrower, Owner and Guarantor*)
- \_\_\_\_\_ Disclosure of Right to Receive a Copy of Appraisal (*1-4 Family Dwellings only*)
- \_\_\_\_\_ Property Owner Insurance Information Worksheet
- \_\_\_\_\_ Hazard Insurance Requirements (*To be given to insurance agent*)
- \_\_\_\_\_ New Deposit Account Business Information Form
- \_\_\_\_\_ New Deposit Account Signer Information Form

Loan Officer to collect the following for HMDA Reportable Transactions only:

- \_\_\_\_\_ Home Mortgage Disclosure Act Notice

The following items must also be returned with the Application forms as applicable:

**Corporations, LLC's and Partnerships – Please Provide the Following:**

- Three years of Business Federal Tax Returns or accountant prepared Business Financial Statements including all schedules – signed and dated – if business owners are a partner/officer in any other venture, please provide those Financial Statements as well
- Most recent interim Financial Statements (if company prepares interim statements) – signed & dated
- Certificate of Incorporation (*Articles of Organization* and *Operating Agreement* for LLC/LLP)
- Partnership Agreements (*Partnerships*)
- Trade Name Certificate (*Sole Proprietor, DBA*)
- Application Fee (if applicable)

**Other Information:**

- Copy of Driver's License (For all owners/Guarantors)
- Three years of Personal Federal Tax Returns (for all owners/guarantors) including all schedules – signed & dated
- Executed Sales Agreement (*if purchasing property for Commercial Mortgage*)
- Copies of Leases (*if Commercial Mortgage for Existing Property*)
- Project Plans, Detailed Cost Budget and Specifications (*for Construction Loan*)
- Cash Flow Projection (*12 Months or Term of Project*)

IN THE COURSE OF THE LENDER'S ANALYSIS, IF THE LENDER DETERMINES THAT ADDITIONAL INFORMATION IS NECESSARY TO GIVE PROPER CONSIDERATION TO THE REQUEST, THE LENDER WILL CONTACT YOU PROMPTLY. IF THE REQUESTED INFORMATION IS NOT RECEIVED WITHIN 30 DAYS, YOU WILL BE REQUIRED TO SUBMIT A NEW APPLICATION.

**Thank you for applying with The First Bank of Greenwich.**

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX No \_\_\_\_\_ E-MAIL \_\_\_\_\_

BUSINESS TYPE:  PROPRIETORSHIP  PARTNERSHIP  CORP.  LLC/LLP  OTHER \_\_\_\_\_

TAX I.D. NO. \_\_\_\_\_ IN BUSINESS SINCE \_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

SERVICE OR PRODUCT BUSINESS PROVIDES \_\_\_\_\_

BUSINESS LOCATION:  OWNED  RENTED  RESIDENCE

AMOUNT REQUESTED \_\_\_\_\_

TYPE(S) OF LOAN(S) APPLIED FOR :

LINE OF CREDIT

TERM LOAN, REPAID IN \_\_\_\_\_ YEARS (MAX. 5)

COMMERCIAL MORTGAGE, REPAID IN \_\_\_\_\_ YEARS (MAX 20)

OTHER \_\_\_\_\_

PURPOSE OF THE LOAN \_\_\_\_\_

SOURCE OF REPAYMENT \_\_\_\_\_

COLLATERAL (GIVE DESCRIPTION AND VALUE) \_\_\_\_\_

IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.

## BUSINESS INFORMATION

HAS THE BUSINESS EXPERIENCED ANY MANAGEMENT OR OWNERSHIP CHANGES IN THE LAST TWO YEARS?  YES  NO

IS THE BUSINESS CONTINGENTLY LIABLE AS ENDORSER, CO-MAKER OR GUARANTOR?  YES If YES, AMOUNT \$ \_\_\_\_\_  NO

ARE ANY BUSINESS ASSETS PLEDGED OR ASSIGNED?  YES  NO

ARE MORE THAN 20% OF THE SALES TO ONE CUSTOMER?  YES  NO

ARE FEDERAL, STATE, REAL ESTATE OR EMPLOYEE WITHHOLDING TAXES PAST DUE FOR BUSINESS OR ITS OWNER?  YES  NO

HAS THE BUSINESS OR OWNER FILED BANKRUPTCY OR HAD SETTLEMENTS WITH CREDITORS?  YES  NO

IS THE BUSINESS OR OWNER CURRENTLY INVOLVED IN ANY LITIGATION OR OTHER LEGAL CLAIMS?  YES  NO

IS THE BUSINESS LIABLE ON ANY DEBTS NOT SHOWN ON THIS APPLICATION?  YES  NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.

ATTORNEY \_\_\_\_\_

PHONE No. \_\_\_\_\_ FAX No. \_\_\_\_\_ E-MAIL \_\_\_\_\_

ACCOUNTANT \_\_\_\_\_

PHONE No. \_\_\_\_\_ FAX No. \_\_\_\_\_ E-MAIL \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_

PHONE No. \_\_\_\_\_ FAX No. \_\_\_\_\_ E-MAIL \_\_\_\_\_

INS. COVERAGE - BLDGS. \$ \_\_\_\_\_ AUTO(S) \$ \_\_\_\_\_ EQUIP., ETC. \$ \_\_\_\_\_ LIABILITY INS. \$ \_\_\_\_\_

OTHER INSURANCE (DESCRIBE) \_\_\_\_\_

DATE OF LAST INDEPENDENT ANALYSIS OF INSURANCE: \_\_\_\_\_

**BUSINESS OWNER(S)/GUARANTOR(S)**

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS AND ZIP CODE \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_ OWNERSHIP % \_\_\_\_\_ ANNUAL COMPENSATION \_\_\_\_\_ OWNER SINCE (YEAR) \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS AND ZIP CODE \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_ OWNERSHIP % \_\_\_\_\_ ANNUAL COMPENSATION \_\_\_\_\_ OWNER SINCE (YEAR) \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS AND ZIP CODE \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_ OWNERSHIP % \_\_\_\_\_ ANNUAL COMPENSATION \_\_\_\_\_ OWNER SINCE (YEAR) \_\_\_\_\_

**EXISTING FINANCIAL RELATIONSHIPS****BUSINESS TRADE REFERENCES: NAME 3 MAJOR SUPPLIERS.**

NAME	CONTACT	TELEPHONE NUMBER

**BUSINESS LOANS ARE PAYABLE AS FOLLOWS:**

LENDER AND ACCOUNT NUMBER	TYPE OF LOAN	ORIGINAL AMOUNT	OUTSTANDING BALANCE	MONTHLY PAYMENT	SECURED BY

**BANKING RELATIONSHIP:**IS THE FIRST BANK OF GREENWICH YOUR PRIMARY BANK?  YES  NO

THE FIRST BANK OF GREENWICH ACCOUNT NUMBER \_\_\_\_\_

**BANK REFERENCES:**LIST CHECKING & SAVINGS ACCOUNTS WITH BANKS, SAVINGS & LOANS,  
FINANCE CO.'S, BROKERAGE FIRMS

FINANCIAL INST.	ACCOUNT NAME	ACCOUNT NUMBER	BALANCE



## COMMERCIAL REAL ESTATE LOAN ADDENDUM

### 1. GENERAL INFORMATION

Borrower name: \_\_\_\_\_

Property Street Address: \_\_\_\_\_  
\_\_\_\_\_

General Property Description: \_\_\_\_\_  
\_\_\_\_\_

Seller's Name: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ (Please include a copy of the Purchase Contract)

### 2. REAL ESTATE TAX INFORMATION

Tax Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Annual Tax \$: \_\_\_\_\_

Assessments Land: \$ \_\_\_\_\_ Building: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

### 3. SITE INFORMATION

Zoning Designation: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Building Size: \_\_\_\_\_

Parking Area Size: \_\_\_\_\_ Number of Spaces: \_\_\_\_\_ Total: \$ \_\_\_\_\_

#### Utilities and Services (check all that apply)

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Public "City" Water   | <input type="checkbox"/> Private Septic System  |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Private Well Water    | <input type="checkbox"/> Public Storm Sewers    |
| <input type="checkbox"/> Bottled Gas | <input type="checkbox"/> Public Sanitary Sewer | <input type="checkbox"/> Public Sidewalks/Curbs |

### 4. BUILDING INFORMATION

Number of Buildings: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Number of Units: \_\_\_\_\_

#### Type of Building(s)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1-4 Family                  | <input type="checkbox"/> Warehouse                | <input type="checkbox"/> Strip Shopping Center |
| <input type="checkbox"/> Multi-Family (over 4 units) | <input type="checkbox"/> Manufacturing/Industrial | <input type="checkbox"/> Mixed Use (describe)  |
| <input type="checkbox"/> Office                      | <input type="checkbox"/> Retail                   | <input type="checkbox"/> Other (describe)      |

#### Construction of Building

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="checkbox"/> Brick   | <input type="checkbox"/> Wood Frame     | <input type="checkbox"/> Mixed Use (describe) |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Concrete/Steel |   |

#### Mechanical Systems

##### HEATING

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Gas Fired  | <input type="checkbox"/> Hot Water |
| <input type="checkbox"/> Oil Fired  | <input type="checkbox"/> Steam     |
| <input type="checkbox"/> Coal Fired | <input type="checkbox"/> Hot Air   |

##### COOLING

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Central    | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Gas      |

## COMMERCIAL REAL ESTATE LOAN ADDENDUM

### 5. LEASES

Please attach copies of any and all leases that affect the subject property.

### 6. OPERATING PRO - FORMA

If the subject property(s) produces rental income, please complete the Real Estate Operating Pro – Forma section, or provide a suitable substitute.

### 7. ENVIRONMENTAL ISSUES

It is the First Bank of Greenwich's policy that any property to be mortgaged or pledged must be evaluated for potential hazardous waste contamination.

**RENT ROLL**

(We can accept a signed owner's printout in substitution for this form.)

Property Address: \_\_\_\_\_

Tenant	Unit # or Description	# of Rooms or Sq. Feet	Monthly Rent	Lease From	Lease To	Expense Pass-throughs
<b>TOTALS:</b>						

No. of Apts. Vacant: _____	Total No. of Apts.: _____	<u>Utilities Include (circle one)</u>
No. of Stores Vacant: _____	Total No. of Stores: _____	Gas: Y N
No. of Offices Vacant: _____	Total No. of Offices: _____	Elect.: Y N
No. of Whses. Vacant: _____	Total No. of Whses.: _____	Heat: Y N
		Water: Y N
		A/C: Y N

Is this property subject to rent stabilization? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Number of apartments rented furnished: \_\_\_\_\_ Number unfurnished: \_\_\_\_\_

I hereby certify the above to be true and correct.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## Environmental Questionnaire and Disclosure Statement

It is The First Bank of Greenwich's policy that any property to be mortgaged or pledged must be evaluated for potential hazardous waste contamination. It is required that the owner or his/her authorized representative fill out this questionnaire based on information known and readily available. Failure to disclose all available information may jeopardize the completion of the real estate transaction.

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Property Owner

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Location of Property

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When and from whom was the property acquired

### 1. Past Uses of the Site

1. Has the property been previously evaluated for contamination by a licensed, professional environmental consultant? (If yes, please supply a copy of the report.)
2. Is the property zoned for commercial or industrial use? (If yes, please specify the zone designation.)
3. Has the site been used for what a prudent man would consider high risk use during the last 50 years? (If so, please explain the nature of the use.)
4. Have any high risk land uses been located on nearby or abutting properties during the last 50 years? (If yes, please explain.)

### 2. Storage Tanks and Pipelines

1. Does the site presently have any above ground or underground storage tanks or any evidence of vents, fill caps, old gas islands, lifts, etc.?

## Environmental Questionnaire and Disclosure Statement

2. Have aboveground or underground storage tanks been located on the property?
3. If tanks are present, how old are they and when were they last tested?
4. If tanks are present, are there any signs of spills or leaks?
5. Has a tank tightness test been performed on the underground storage tanks?
6. Do any abutting land uses have above ground or underground storage tanks?
7. If tanks are present on abutting property, is there any record of past releases or spills?

### 3. Field Investigation

1. Is there any evidence of stressed vegetation or surface soil stains?
2. Are there ponds, pits, sumps, or ditches with suspicious colors or smells?
3. Are there abandoned drums or other containers, rubbish or other landfill material which may indicate buried waste on the site?
4. Are there curb cuts, footings, or other signs of former buildings on the site?
5. What have been the waste disposal practices of current and past users of the property?
6. Does the site contain electrical transformers? (If yes, has there ever been PCB leaks, spills or other contamination affecting the site?)

## Environmental Questionnaire and Disclosure Statement

7. Is there evidence of asbestos disposal on the site?

8. If asbestos is present, is it friable?

9. Have pesticides, herbicides or other agricultural chemicals been mixed, formulated, rinsed or disposed of on the property?

### 4. Building Investigation

1. Is a building present on the site? (if yes, complete this section and section 5. If no, go to section 6).

2. If a building is present, how old is it?

3. Are there floor drains in the building?

4. If floor drains are present, are they connected to storm drains or do they directly discharge into the ground?

5. Are there any chemicals or drums stored or used in the building?

6. Is there evidence of spills or stains on the floor?

### 5. Building Investigations for Asbestos, Radon, Lead, PCB and Urea-Formaldehyde (This section should be completed based on any recent studies or other information that would indicate the presence of hazardous materials in the building).

1. Is there lead paint on the floors, walls or ceilings?

## Environmental Questionnaire and Disclosure Statement

2. Does the drinking water in the facility contain lead at levels exceeding safe drinking water standards (i.e. above 50 parts per billion)?
  
3. Does the building contain asbestos? (If yes, describe the type and location of asbestos.)
  
4. IF asbestos is present, is it friable?
  
5. Does the building contain urea-formaldehyde?
  
6. Does the building have radon levels in the basement or slab on grade at levels greater than 4 pCi/l?

Does the building contain PCB electric transformers, capacitors or florescent light ballasts?

### 6. Permits and Records Review

1. Is the site subject to state law requiring the completion of a Phase 1 Environmental Site Assessment?
  
2. Is the site on or within one mile of an EPA or State priority cleanup site or on or near a site suspected of contamination? (If yes, please identify.)
  
3. Are there any violations of environmental permits or regulations at the site (i.e. CERCLA, NDPEs, CWA, CAA, OSHA, RCRA)? (If yes, please identify.)
  
4. Are there records indicating past or present manufacture, storage, disposal, processing or handling of hazardous materials or petroleum products at the site? (If yes, please identify).

## Environmental Questionnaire and Disclosure Statement

6. Is the site within 500 feet of a sensitive receptor (i.e. public water supply, watershed, or private wells)? (if yes, please describe.)

**As the owner or contract purchaser of the property, or as an officer or general partner of the present owner of the property, (or the duly authorized representative of such owner), I am familiar with all of the operations presently conducted on the property, have made a diligent inquiry into the former uses of the Property, and hereby certify to and for the benefit of The First Bank of Greenwich that to the best of my knowledge, information and belief the information disclosed above is true and correct.**

Attest:

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By:

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**COMMERCIAL REAL ESTATE OPERATING PRO - FORMA**

**EXPENSES (Continued...)**

Commissions, Rental	_____	
Insurance		
Boiler & Machinery	_____	
Liability	_____	
Loss of Rents	_____	
Property, Hazard	_____	
Property, Flood	_____	
Workmen's Comp	_____	
Other (specify)	_____	
Legal & Professional		
Accounting	_____	
Attorney	_____	
Property Mgmt	_____	
Other (specify)	_____	
Miscellaneous	_____	
Repairs	_____	
Reserve for Replacements	_____	
Supplies	_____	
Taxes, Real Estate	_____	
Taxes, Other	_____	
Utilities		
Electric	_____	
Gas	_____	
Oil	_____	
Sewer	_____	
Water	_____	
Other (Specify)	_____	
Wages & Salary		
Casual Labor	_____	
Maintenance Crew	_____	
Security	_____	
Other (specify)	_____	
Other Expenses (Itemize)		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total Annual Expenses		\$ _____
Net Annual Income After Expenses		\$ _____

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

Prepared By: \_\_\_\_\_

Signataure: \_\_\_\_\_

# PERSONAL FINANCIAL STATEMENT

SUBMITTED TO <b>THE FIRST BANK OF GREENWICH</b>	DATE
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## PERSONAL INFORMATION

<b>APPLICANT (NAME)</b>			<b>CO-APPLICANT (NAME)</b>		
HOME ADDRESS			HOME ADDRESS		
HOME PHONE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH	HOME PHONE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH
EMPLOYER			EMPLOYER		
ADDRESS OF EMPLOYER			ADDRESS OF EMPLOYER		
BUSINESS PHONE NO.	NO. OF YEARS WITH EMPLOYER	TITLE/POSITION	BUSINESS PHONE NO.	NO. OF YEARS WITH EMPLOYER	TITLE/POSITION
NAME OF PREVIOUS EMPLOYER & POSITION (IF WITH CURRENT EMPLOYER LESS THAN 3 YRS.)		No. of Yrs.	NAME OF PREVIOUS EMPLOYER & POSITION (IF WITH CURRENT EMPLOYER LESS THAN 3 YRS.)		No. of Yrs.
NAME, PHONE NO. OF YOUR ACCOUNTANT			NAME, PHONE NO. OF YOUR ACCOUNTANT		
NAME, PHONE NO. OF YOUR ATTORNEY			NAME, PHONE NO. OF YOUR ATTORNEY		
NAME, PHONE NO. OF YOUR INVESTMENT ADVISOR/BROKER			NAME, PHONE NO. OF YOUR INVESTMENT ADVISOR/BROKER		
NAME, PHONE NO. OF YOUR INSURANCE ADVISOR			NAME, PHONE NO. OF YOUR INSURANCE ADVISOR		

SPACES LEFT UNFILLED WILL BE ASSUMED TO MEAN "NO" OR "NONE"

### Cash Income & Expenditures Statement For Year Ended \_\_\_\_\_ (Omit cents)

ANNUAL INCOME	AMOUNT
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
<b>TOTAL INCOME</b> ▶	\$

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential Investment
Property Taxes	Residential Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expense (List)	
<b>TOTAL EXPENDITURES</b> ▶	\$

Any significant changes expected in the next 12 months?  Yes  No (If yes, attach information).

\*\* Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Income tax returns filed through (date): \_\_\_\_\_ Are any returns currently being audited or contested?  Yes  No  
If yes, what year(s)? \_\_\_\_\_
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?  Yes  No  
If yes, please provide details: \_\_\_\_\_
3. Have (either of) you ever defaulted on a personal loan, loan to your company, or loan in which you were a guarantor?  Yes  No
4. Have you drawn a will?  Yes  No  
If yes, please furnish the name of the executor(s) and year will was drawn: \_\_\_\_\_
5. Number of dependents (excluding self) and relationship to applicant: \_\_\_\_\_
6. Have you ever had a financial plan prepared for you?  Yes  No
7. Did you include your most recent two years federal and state tax returns?  Yes  No
8. Do (either of) you have a line of credit or unused credit facility at any other institution(s)?  Yes  No  
If so, please indicate where, how much, and name of banker: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you anticipate any substantial inheritances?  Yes  No  
If yes, please explain: \_\_\_\_\_
10. Has any of your property been transferred to a trust?  Yes  No Is it  revocable or  irrevocable?  
Who is/are the trustee(s): \_\_\_\_\_
11. Are any assets pledged other than as described on the schedules herein?  Yes  No  
If so, please describe: \_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The information contained in this statement is provided to induce The First Bank of Greenwich (the "Bank") to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete.

Each of the undersigned agrees to notify the Bank immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained on this statement or (2) in the financial condition of the undersigned or (3) in the ability of any of the undersigned to perform their obligations to the Bank. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, the Bank may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable.

The Bank is authorized to make all inquiries deemed necessary to verify and reverify, from time to time, the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give the Bank any information it may have on the undersigned. Each of the undersigned authorizes the Bank to answer questions about your credit experience with the Bank.

As long as any obligation or guarantee of the undersigned to the Bank is outstanding, the undersigned shall supply annually an updated financial statement, personal tax returns or other information as the Bank may reasonably request from time to time. This personal financial statement and any other financial or other information shall become the property of the Bank.

\_\_\_\_\_  
Date                      Print Name

\_\_\_\_\_  
Signature (Individual)

\_\_\_\_\_  
Date                      Print Name

\_\_\_\_\_  
Signature (other party)  
(if you are requesting the financial accommodation jointly)





**SCHEDULE OF REAL ESTATE OWNED**

**BORROWER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

No.	Property Address	Building Type	Building Size (Units & S/F)	Legal Owner (of Title)	Ownership (%)	Occupancy (%)	Revenue	Taxes & Expenses	Net Operating Income	Mortgage Balance	Mortgage Payment	Term	Interest Rate	Maturity Date
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
<b>Total</b>														

**DISCLOSURE OF RIGHT TO RECEIVE A COPY OF AN APPRAISAL**

**(1-4 Family Dwellings Only)**

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

For questions, or concerns, please contact a Loan Officer at:

The First Bank of Greenwich  
444 East Putnam Avenue  
Cos Cob, CT 06807  
(203) 629-8400

I/We acknowledge that I/we have received a copy of this **Disclosure of Right to Receive a Copy of an Appraisal**.

**Applicant:**

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Date

## Property Owner Insurance Information Work Sheet

**Applicants Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Town/City/Zip** \_\_\_\_\_

**Insurance Agent Name`** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Town/City/Zip** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Effective Dates:**                    **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Annual Premium:**                    \$ \_\_\_\_\_

# **HAZARD INSURANCE REQUIREMENTS**

Please hand this information to your insurance agent.

**Each borrower is entitled to his choice of insurance agent as long as these requirements are met:**

## **1. ACCEPTABLE INSURANCE COMPANIES**

The Bank shall have the right to approve or, for reasonable cause disapprove, the insurer selected to underwrite the insurance in accordance with regulations set forth by Banking law.

**NOTE:** In connection with any loan, the insurance coverage must be written through a company having a policyholders rating of at least "A" and financial rating of Class VII according to the latest published Best's Guide.

The insurer must be licensed to do business in Connecticut or the state in which the property is domiciled.

## **2. MINIMUM COVERAGE**

The policy must be in an amount sufficient to replace the secured property, real and personal. Any exceptions must be approved by the Bank. If the secured property is income property, Business Interruption (income) insurance is required.

## **3. POLICY FORMS AND PERILS**

The property must be covered by a property policy including the special causes of loss coverage form. ALL property must be insured on a replacement cost basis. Business real property coverage must include an agreed amount endorsement.

## **4. CONDOMINIUM OR OTHER CO-INSURED PROPERTY**

Units must be insured under a policy or policies covering the entire structure containing the subject unit. The amount of coverage protecting the subject units must comply with the requirements of the co-insurance clause.

The borrower need not be named as an insured if the charter or by-laws governing the property provides that another entity is authorized to act on behalf of the borrower.

The Bank requests one certified copy of the Master Policy covering the division containing the subject unit. Any additional loans on units within the division shall be referenced to this Master Copy of the Policy. The Master Policy will be retained by the Bank's Loan Service Insurance Section.

Each loan must have a separate Certificate of Insurance and a separate mortgagee clause. The certificate must specify: 1) Borrower's name(s), 2) Loan number, 3) Name and address of entity being insured, 4) Lot/tract number, 5) Insurance agent name and address, 6) Expiration date of policy, 7) Description of borrower's property (unit no., town house no., etc). Note: Bank of Greenwich requires an actual certificate of insurance.

## **5. POLICY AND PREMIUM TERM**

### **A. One to Four Unit Residential Property**

1. The policy must be written as continuous unit canceled.

### **B. Five or More Residential Units or Business Property**

1. The policy must be written for a minimum one year term and a minimum of 30 days notice or cancellation or non-renewal.

## **6. BUSINESS LIABILITY**

Loans on all business property require commercial general liability insurance with a minimum limit of \$1,000,000 per occurrence. Bank of Greenwich shall be named as additional insured.

## **7. FLOOD INSURANCE**

All loans with the exception of land loans which are in a documented flood zone are required to maintain flood insurance in the minimum amount required by the National Flood Insurance Program.

## **8. LOSS PAYABLE ENDORSEMENT**

Lenders Loss Payable form, No. 438 BFU in favor of the Bank must be attached to the policy. The Bank's address and Borrower's loan number must be shown either in the face of the policy or on the Form No. 438 BFU. The mortgagee clause should read:

THE FIRST BANK OF GREENWICH  
Its successors and/or assigns, as their interests may appear,  
444 East Putnam Avenue  
Cos Cob, CT 06807

## **9. INSURED NAME AND PROPERTY ADDRESS**

The policy must show name(s) of insured(s) identical to the vesting of the loan and a property address corresponding to that shown on Bank Records. A legal description must be shown for rural properties, condominiums or other situations if property address does not adequately define the location of the property. (Example: Star Route 1, Box 5 is inadequate)

## New Deposit Account Business Information Form

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

Tax Identification Number \_\_\_\_\_

Date Established \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website/Email Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Purpose of Account \_\_\_\_\_

Market Area \_\_\_\_\_

### Anticipated Monthly Account Activity:

Cash Transactions "In" Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Cash Transactions "Out" Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Average Deposit Amount Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Average Check Amount Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Average ACH Transactions "In" Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Average ACH Transactions "Out" Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Average Domestic Wire "In" Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Average Domestic Wire "Out" Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Average Foreign Wire "In" Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Average Foreign Wire "Out" Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

For Foreign Wires; List Countries \_\_\_\_\_

## New Deposit Account Signer Information Form

In order to comply with Government Regulations including The USA PATRIOT Act, the Bank is asking that all the information below be completed by each signer on the account. Thank you for your cooperation in this matter and the information provided will be kept CONFIDENTIAL.

Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Birth City: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(can not be a PO Box) \_\_\_\_\_  
Number of Years at Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(PO Box/Special Instructions) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Phone Numbers:  
Home Phone #: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_

Employment Information:  
Employer: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

**Identification (kindly provide a photocopy):**

Acceptable forms of ID include a Drivers License, US Passport, or US Military ID Card, NON-drivers license.

Type of ID – State/Country: \_\_\_\_\_  
ID #: \_\_\_\_\_  
Date of Issuance: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_

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Received by \_\_\_\_\_ Date \_\_\_\_\_