



Foreclosure/Forced Placed
Insurance Request Form

1. Is the property a Foreclosure or a Forced Placed property? _____
2. Estimated date of the Foreclosure or knowledge of Forced Placement? _____
3. Address: _____
Street City State Zip
4. Occupancy Type: _____
5. Value: _____ (Outstanding Mortgage Balance)
_____ (Replacement Cost)
6. Any personal property at this location which the insured is responsible for? If Yes, please explain. _____
7. Anticipated date of sale or placement of insurance: _____
8. Vacant or Occupied _____
If occupied, please list Tenants _____
9. Building Information:
Building Age _____ Construction _____
Square Footage _____ Security _____
Fire Protection _____ Urban or Suburban _____
10. Does this property have any known exposures to the following perils: Flood, Earthquake, or Wind? _____ If yes, please explain. _____
11. Any prior losses to this property? If yes, please explain. _____
12. _____ CIRCLE ONE
Will operation continue after Foreclosure/ Force placement YES NO
Is there an appraisal on file? Date _____ YES NO
Have the locks been changed? YES NO
Friendly Foreclosure/Force Placement? YES NO
If leased, is a Certificate of Insurance on file from the tenant? YES NO
Is there a hold-harmless agreement in the lease? YES NO
13. What is the reason for the cancellation of insurance (forced placed only)? _____

14. Please describe the condition of the property and neighborhood which is being foreclosed or forced placed. _____

15. Is the building under renovation or construction? If yes, what is the extent of construction (i.e., percent complete)? _____

16. Has the property been inspected prior to foreclosure or after the property was Force Placed?

17. Has the bank designated an employee to periodically inspect the premises? If so, who and how often? _____

18. Who has access to the building? _____

19. Theft control (e.g., flood lights, alarms, guards?) _____

20. Other Information? _____

21. Coverage may be subject to a Chubb Loss Control inspection of the property. Please provide an Insured contact name and number for arranging the inspection.

Coverage is subject to completed above questionnaire and underwriter acceptance. Upon acceptance, the underwriter will notify you in writing.