



Commercial Loan Application Package

Hello and welcome to Kinecta Federal Credit Union (“KFCU”). We are excited that you have chosen KFCU to meet your financial needs. Attached you will find the Application Booklet which includes all required forms. ***Please ensure all forms are completed in their entirety and executed prior to sending to your loan administrator.***

Attached Forms

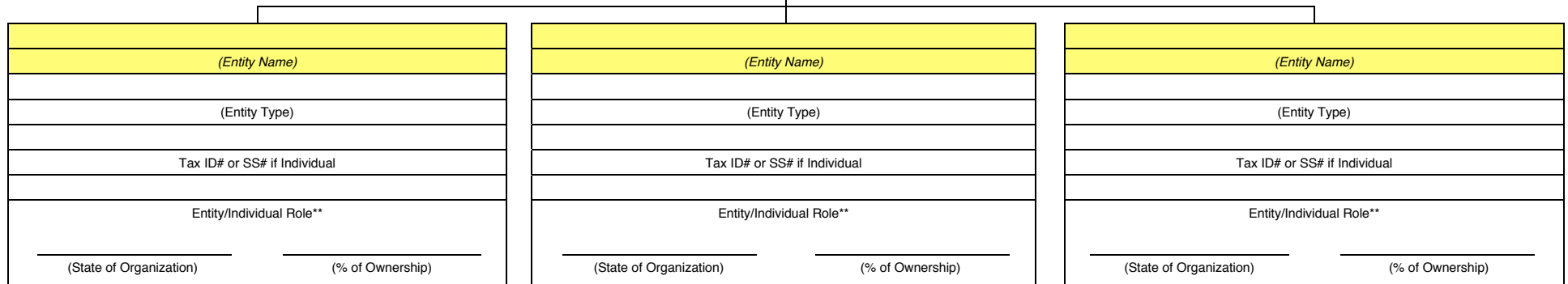
Borrower Vesting
Commercial Loan Application
Personal Financial Statement
Schedule of Liquid Assets
Trailing 12
Schedule of Capital Improvements
Property Staffing
Property Liability & Other Insurance Requirements

Please use this map to outline the organizational structure of the Borrowing Entity. Please complete for each borrowing entity

Note: If the ownership structure does not fit into this chart, please adjust the chart accordingly or provide an organizational chart in similar format and content

| |
|--------------------------------------|
| |
| Subject Property Address |
| (Borrowing Entity Legal Name) |
| Type*: |
| State of Organization: |
| State Formed: |
| Date Entity Formed: |
| Tax ID#: |
| SS# if an Individual: |

| | | |
|--------------------------|-----|----|
| Is the Borrowing Entity: | Yes | No |
| An Individual? | | |
| A newly formed entity? | | |



* Type: Individual(s), General Partnership, Limited Partnership, Limited Liability Company, Corporation, etc.

** Role: General Partner, Limited Partner, Shareholder, Trustee, Member, Managing Member, Individual, President, etc.

I hereby certify that the above vesting map accurately reflects the ownership interests of the existing, or to be formed, borrowing entity for the proposed loan transaction.

By: _____ Date: _____ (Please prepare and sign the attached Signature Block. Refer to the sample for guidance.)

Title: _____

Borrower Sample Vesting Information – Page 2
PLEASE STATE EXACT VESTING OF BORROWER
BORROWER SAMPLE *SIGNATURE BLOCK* FOR *LOAN DOCUMENTS*

DATED AS OF _____

Insert sample Signature Block here. Include all names, titles and signatures that will pertain to the borrowing entity. The Signature Block can be created by hand, or can be typed in:

BORROWER(s):

The Borrower submits to Lender, to the best of their knowledge, the above signature block. (All signature blocks will be verified by the Lender after review of the entity documents.) All parties must sign next to their name.

SAMPLE SIGNATURE BLOCKS

(INDIVIDUALS)

By: _____
Thomas Jefferson

By: _____
George Washington

(LLC)

Happy River Drive, LLC, a California limited liability company

By: _____
James Joseph, Manager

(LLC/CORPORATION)

M&A Enterprises, LLC, a California Limited Liability Company

By: Adams Family Times,
a California corporation

Its: Managing Member

By: _____
John Adams, President

(CORPORATION)

Highland Valley, Inc., a California corporation

By: _____
Abraham Lincoln, President

(PARTNERSHIP)

John and Mary Partnership, a California general partnership

By: _____
John Adams, General Partner

By: _____
Mary Adams, General Partner

(PARTNERSHIP/LLC)

John and Mary Partnership, a California general partnership

By: Adams, LLC, a California Limited Liability Company
Its: Limited Partner

By: _____
John Adams, Managing Member



COMMERCIAL LOAN APPLICATION

| LOAN REQUEST | | | | | |
|---|---------------------------|-------------|---------------------------------|----------------|---|
| USE OF FUNDS: | | | | | |
| BORROWER | | | | | |
| LEGAL STATUS: | | | If "OTHER" please specify: | | |
| NAME OF BORROWER: | | | NAME OF CONTACT (IF DIFFERENT): | | |
| STREET ADDRESS: | | CITY: | STATE: | COUNTY: | ZIP: |
| TELEPHONE NUMBER: | CELL NUMBER: | FAX NUMBER: | | EMAIL ADDRESS: | |
| SSN OR TAX ID#: | DATE OF BIRTH/FORMATION: | | | | KINECTA BORROWER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DRIVERS LICENSE#: | PLACE OF BIRTH/FORMATION: | | | | |
| CO-BORROWER AND/OR PRINCIPAL, ETC., WITH 25% OR MORE INTEREST | | | | | |
| LEGAL STATUS: | | | If "OTHER" please specify: | | |
| | | | % OF OWNERSHIP: | | |
| NAME OF CO-BORROWER: | | | NAME OF CONTACT (IF DIFFERENT): | | |
| STREET ADDRESS: | | CITY: | STATE: | COUNTY: | ZIP: |
| TELEPHONE NUMBER: | CELL NUMBER: | FAX NUMBER: | | EMAIL ADDRESS: | |
| SSN OR TAX ID#: | DATE OF BIRTH/FORMATION: | | | | KINECTA BORROWER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MOTHER'S MAIDEN NAME: | PLACE OF BIRTH/FORMATION: | | | | |
| DRIVERS LICENSE#: | | | | | |

CO-BORROWER AND/OR PRINCIPAL, ETC., WITH 25% OR MORE INTEREST

| | | | | |
|------------------------------|----------------------------------|--|--|-----------------------|
| LEGAL STATUS: | | If "OTHER" please specify: | | |
| | | % OF OWNERSHIP: | | |
| NAME OF CO-BORROWER: | | NAME OF CONTACT (IF DIFFERENT): | | |
| STREET ADDRESS: | | CITY: | STATE: | COUNTY: |
| | | | | ZIP: |
| TELEPHONE NUMBER: | CELL NUMBER: | FAX NUMBER: | | EMAIL ADDRESS: |
| SSN OR TAX ID#: | DATE OF BIRTH/FORMATION: | | KINECTA BORROWER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| MOTHER'S MAIDEN NAME: | PLACE OF BIRTH/FORMATION: | | | |
| DRIVERS LICENSE#: | | | | |

GUARANTOR

| | | | | |
|------------------------------|----------------------------------|--|--|-----------------------|
| LEGAL STATUS: | | If "OTHER" please specify: | | |
| | | % OF OWNERSHIP: | | |
| NAME OF GUARANTOR: | | NAME OF CONTACT (IF DIFFERENT): | | |
| STREET ADDRESS: | | CITY: | STATE: | COUNTY: |
| | | | | ZIP: |
| TELEPHONE NUMBER: | CELL NUMBER: | FAX NUMBER: | | EMAIL ADDRESS: |
| SSN OR TAX ID#: | DATE OF BIRTH/FORMATION: | | KINECTA BORROWER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| MOTHER'S MAIDEN NAME: | PLACE OF BIRTH/FORMATION: | | | |
| DRIVERS LICENSE#: | | | | |

GUARANTOR

| | | | | |
|------------------------------|----------------------------------|--|--|-----------------------|
| LEGAL STATUS: | | If "OTHER" please specify: | | |
| | | % OF OWNERSHIP: | | |
| NAME OF GUARANTOR: | | NAME OF CONTACT (IF DIFFERENT): | | |
| STREET ADDRESS: | | CITY: | STATE: | COUNTY: |
| | | | | ZIP: |
| TELEPHONE NUMBER: | CELL NUMBER: | FAX NUMBER: | | EMAIL ADDRESS: |
| SSN OR TAX ID#: | DATE OF BIRTH/FORMATION: | | KINECTA BORROWER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| MOTHER'S MAIDEN NAME: | PLACE OF BIRTH/FORMATION: | | | |
| DRIVERS LICENSE#: | | | | |

KEY PRINCIPAL INFORMATION

| | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| NAME: | NAME: | | | |
| | Applicant #1 | | Applicant #2 | |
| 1. DO YOU HAVE ANY EXISTING OR PRIOR COMMERCIAL LOANS? IF YES, HOW MANY EXISTING AND PRIOR LOANS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. HOW MANY YEARS OF EXPERIENCE DOES (DO) THE KEY PRINCIPAL(S) HAVE IN REAL ESTATE? | | | | |
| 3. HOW MANY COMMERCIAL PROPERTIES DOES (DO) THE KEY PRINCIPAL(S) OWN? | | | | |
| 4. DOES THE BORROWING ENTITY OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS CURRENTLY GUARANTEE A BANK LOAN OR MORTGAGE FOR ANOTHER PERSON OR ENTITY? IF "YES" PLEASE ATTACH A PAGE AND PROVIDE A DETAILED DESCRIPTION INCLUDING THE DOLLAR AMOUNT, OF EACH OF THESE CONTINGENT LIABILITIES | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. ARE THERE ANY MATERIAL LAWSUITS, JUDGMENTS OR LIENS PENDING AGAINST THE PROPERTY, BORROWING ENTITY OR AN ENTITY HAVING AN INTEREST IN THE SUBJECT PROPERTY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. HAS THE BORROWING ENTITY OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS BEEN INVOLVED IN ANY MATERIAL LAWSUITS OR HAD ANY JUDGMENTS OR LIENS FILED AGAINST THE PROPERTY, BORROWING ENTITY OR AN ENTITY HAVING AN INTEREST IN THE SUBJECT PROPERTY IN THE PAST TEN YEARS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. HAS THE BORROWING ENTITY OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS FILED FOR BANKRUPTCY, INCLUDING CHAPTER 11? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. HAS THE BORROWING ENTITY OR ANY OF ITS PRINCIPAL OWNERS EVER LOST ANY REAL ESTATE THROUGH FORECLOSURE PRECEDING OR DEEDED PROPERTY TO A LENDER IN LIEU OF FORECLOSURE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. HAS THE BORROWING ENTITY OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS EVER BEEN CHARGED OR CONVICTED OF A FELONY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE ATTACH DETAILS

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A LOAN TO PURCHASE, REFINANCE, ASSUME, OR IMPROVE A MULTI-FAMILY RESIDENCE OF 5 OR MORE UNITS AND YOU ARE A NATURAL PERSON. DO NOT COMPLETE THIS SECTION IF YOU ARE APPLYING FOR CREDIT IN THE NAME OF A BUSINESS, CORPORATION, TRUST OR PARTNERSHIP.

The following information is requested by the federal government for certain types of loans related to dwelling in order to monitor the lender's compliance with equal opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race." The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

| BORROWER | | CO-BORROWER | |
|---|---|---|---|
| <input type="checkbox"/> I do not wish to furnish this information | | <input type="checkbox"/> I do not wish to furnish this information | |
| SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female | RACE: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female | RACE: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |
| ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | |
| Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "no", are you a resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If "no", are you a resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "no", are you a non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If "no", are you a non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| REQUIRED SIGNATURES | | | |
| <p>THE UNDERSIGNED CERTIFIES THAT ALL STATEMENTS IN THIS APPLICATION AND EACH DOCUMENT REQUIRED TO BE SUBMITTED IN CONNECTION HEREWITH, INCLUDING FEDERAL INCOME TAX RETURNS, FINANCIAL STATEMENTS, OPERATING STATEMENTS AND RENT ROLLS ARE TRUE, CORRECT AND COMPLETE. THE UNDERSIGNED ACKNOWLEDGES THAT ALL SIGNATURE COPIES AND FAXES CAN BE RELIED UPON BY KINECTA FEDERAL CREDIT UNION AS IT WOULD SUCH ORIGINAL SIGNATURES. THE UNDERSIGNED AUTHORIZES KINECTA FEDERAL CREDIT UNION TO RELY UPON SUCH STATEMENTS, MAKE SUCH INQUIRIES, AND GATHER SUCH INFORMATION AS KINECTA FEDERAL CREDIT UNION DEEMS NECESSARY AND REASONABLE TO VERIFY ANY INFORMATION PROVIDED TO KINECTA FEDERAL CREDIT UNION ON THIS APPLICATION OR ANY SUCH REQUIRED DOCUMENT, INCLUDING INQUIRIES TO THE INTERNAL REVENUE SERVICE, BUSINESS CREDIT REPORTING AND CREDIT BUREAU AGENCIES AND ASSOCIATIONS, AND FURTHER AUTHORIZES KINECTA FEDERAL CREDIT UNION TO EXCHANGE THIS APPLICATION, THIS INFORMATION CONTAINED IN OR SUBMITTED WITH THIS APPLICATION AND ALL BANKING RELATIONSHIP INFORMATION WITH BUSINESS CREDIT REPORTING OR CREDIT BUREAU AGENCIES AND CREDITORS OF THE UNDERSIGNED. THE UNDERSIGNED FURTHER GIVES PERMISSION TO KINECTA FEDERAL CREDIT UNION TO SHARE INFORMATION IN THIS LOAN APPLICATION WITH ANY FEDERAL, STATE, OR OTHER AUTHORITIES AND/OR LENDERS FOR THE PURPOSE OF PROCESSING THIS LOAN APPLICATION AND AUTHORIZES KINECTA FEDERAL CREDIT UNION TO VERIFY MY (OUR) IDENTITY. THE UNDERSIGNED FURTHER AGREES TO NOTIFY KINECTA FEDERAL CREDIT UNION PROMPTLY OF ANY MATERIAL CHANGE IN SUCH INFORMATION. THE UNDERSIGNED HEREBY AUTHORIZES KINECTA FEDERAL CREDIT UNION TO INITIATE DEBIT ENTRIES TO THE CHECKING ACCOUNT LISTED ABOVE FOR THE SCHEDULED PAYMENTS ON ANY CREDIT EXTENSION, OR RENEWAL THEREOF, ARISING FROM THIS APPLICATION. COMMERCIAL USE: THE UNDERSIGNED CERTIFIES THAT ANY PROPERTY AND/OR PROCEEDS FROM THE PROPOSED REQUEST WILL BE USED BY THE APPLICANT FOR COMMERCIAL PURPOSE ONLY AND NOT FOR ANY PERSONAL, FAMILY OR HOUSEHOLD PURPOSES, AND THAT THE PROPOSED REQUEST WOULD CONSTITUTE A BUSINESS LOAN WHICH IS EXEMPTED FROM THE DISCLOSURE REQUIREMENTS OF REGULATION Z - TRUTH IN LENDING ACT. THE APPLICANT AGREES TO INDEMNIFY AND HOLD LENDER HARMLESS FROM ANY AND ALL CLAIMS, LOSS OR DAMAGE RESULTING OR CAUSED BY THIS REQUEST BEING SUBJECT TO ANY OF THE PROVISIONS OF THE FEDERAL CONSUMERS CREDIT PROTECTION ACT (TRUTH-IN-LENDING ACT) AND REGULATION (Z). THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS FULL AUTHORITY TO ACT ON BEHALF OF APPLICANT IN CONNECTION WITH THE ABOVE REFERENCED CREDIT REQUEST. IF THE LOAN DOES NOT CLOSE AFTER LENDER ISSUES A FINAL LOAN APPROVAL, THE BALANCE OF THE GOOD FAITH DEPOSIT MAY BE RETAINED BY THE CREDIT UNION.</p> | | | |
| Applicant Signature | | Title | Date |
| Co-Applicant Signature (Required) | | Date | |
| Guarantor Signature (Required) | | Date | |
| Guarantor Signature (Required) | | Date | |
| MSC Manager | MSC Number | County | THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF KINECTA FEDERAL CREDIT UNION REGULATION B (EEOA) DISCLOSURE NOTIFICATION. Reg. B Disclosure Given to Customer: |
| Print Managers Name | | Office Number | Reg. O Transaction |
| Signature | | Phone Number | Fax Number |

FOR CREDIT UNION USE ONLY

APPLICATION RECEIVED:

- Monitoring information not completed by **Borrower** Monitoring information not completed by **Co-Borrower**
 Monitoring information not completed by Credit Union Monitoring information not completed by Credit Union
 Via mail Via fax Via email

SIGNATURE:

OFFICE NAME:

NUMBER:

DATE:

PERSONAL FINANCIAL STATEMENT (PLEASE DUPLICATE AS NEEDED)

Complete this form for: (1) each borrower / proprietor, or (2) each manager, limited partner or member who owns 25% or more interest and each general partner, or (3) each stockholder owning 25% or more of voting stock, or (4) any person or entity providing a guaranty on the loan. This statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-borrowers if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required. If the co-borrower section was completed about a non-applicant spouse or other person, this statement and supporting schedules must be completed about that spouse or other person also.

NAME(S):

- Completed Jointly** **Not Jointly**

NAME(S):

| ASSETS (Omit Cents) | | LIABILITIES (Omit Cents) | |
|--|----|---|----|
| Checking and Savings (Please provide verification. Refer to attached Schedule of Liquid Assets) | \$ | Accounts Payable(Including Credit Cards) | \$ |
| IRA or Other Retirement Account – vested interest only. (Please provide verification. Refer to attached Schedule of Liquid Assets) | \$ | Notes Payable to Banks | \$ |
| Accounts & Notes Receivable (Please provide verification) | \$ | Installment Account (Auto)Mo. Payments \$ | \$ |
| Real Estate (Describe in Section 2) | \$ | Installment Account (Other)Mo. Payments \$ | \$ |
| Life Insurance-Cash Surrender Value Only | \$ | Loan on Life Insurance | \$ |
| Stocks & Bonds (Please provide verification) | \$ | Mortgages on Real Estate(Describe in Schedule of Real Estate Owned) | \$ |
| Closely Held Companies(Net Worth) | \$ | Unpaid Taxes | \$ |
| Other Personal Property. Include Automobile(s), jewelry, etc. | \$ | Other Liabilities | \$ |
| Other Assets | \$ | Alimony/Child Support/Separate maintenance Payments | \$ |
| Other Assets | \$ | TOTAL LIABILITIES: | \$ |
| TOTAL ASSETS: | \$ | TOTAL NET WORTH (Total Assets minus Total Liabilities) | \$ |

| SOURCES OF INCOME | | CONTINGENT LIABILITIES | | | |
|---|--|-------------------------------------|------------------------------|-----------------------------|--|
| SALARY \$ | | AS ENDORSER OR CO-MAKER \$ | | | |
| NET INVESTMENT INCOME \$ | | LEGAL CLAIMS & JUDGMENTS \$ | | | |
| REAL ESTATE INCOME \$ | | PROVISION FOR FEDERAL INCOME TAX \$ | | | |
| OTHER INCOME (AS DESCRIBED BELOW) \$ | | OTHER SPECIAL DEBT \$ | | | |
| ALIMONY OR CHILD SUPPORT PAYMENTS MUST BE DISCLOSED IN "OTHER INCOME" UNLESS IT IS NOT DESIRED TO HAVE SUCH PAYMENTS COUNTED TOWARD TOTAL INCOME. | | | | | |
| REAL ESTATE OWNED (LIST EACH PARCEL SEPARATELY ON THE ATTACHED SCHEDULE OF REAL ESTATE OWNED). EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED). | | | | | |
| MISCELLANEOUS INFORMATION | | | | | |
| NAME: | | | NAME: | | |
| | | | 6 cffck Yf | | 7 c!6 cffck Yf |
| 1. HAVE YOU EVER DECLARED BANKRUPTCY? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. ARE YOU A PARTY TO ANY LIEN OR LAWSUIT? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. HAVE YOU INCURRED A LOSS IN ANY OF THE PAST 3 YEARS? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. DO YOU OWE ANY DELINQUENT STATE OR FEDERAL TAXES? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. IS THE BORROWER (IF AN ENTITY) FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE OWNERSHIP OF THE BUSINESS? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. ARE YOU A US CITIZEN? (IF NOT, PLEASE PROVIDE US WITH THE NUMBER AND A COPY OF YOUR ALIEN REGISTRATION CARD) | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. HAS THE BORROWER (IF AN ENTITY) CHANGED NAMES IN THE PAST 5 YEARS? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. HAVE YOU RELOCATED FROM ONE COUNTY TO ANOTHER IN THE PAST 5 YEARS? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE ATTACH DETAILS | | | | | |
| <p>I authorize Kinecta Federal Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness, including but not limited to credit bureau inquiries, verification of tax returns with the IRS, credit and banking references, etc. I certify that the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.</p> <p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION SHOWN ON THE ABOVE FINANCIAL STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHER THERE HAVE BEEN NO MATERIAL OR ADVERSE CHANGES TO MY FINANCIAL CONDITION SINCE THE DATE INDICATED ON THE STATEMENT</p> <p>I, THE UNDERSIGNED, FURTHER CERTIFY THAT THE INFORMATION SHOWN ON THE RENT ROLL, OPERATING STATEMENTS, PROPERTY INCOME AND EXPENSE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> | | | | | |
| SIGNATURE | | | DATE | | SGB'cf'H5L'8 |
| SIGNATURE | | | DATE | | SGB'cf'H5L'8 |



PERSONAL FINANCIAL STATEMENT

[PLEASE DUPLICATE AS NEEDED]

Complete this form for: (1) each borrower / proprietor, or (2) each manager, limited partner or member who owns 25% or more interest and each general partner, or (3) each stockholder owning 25% or more of voting stock, or (4) any person or entity providing a guaranty on the loan. This statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-borrowers if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required. If the co-borrower section was completed about a non-applicant spouse or other person, this statement and supporting schedules must be completed about that spouse or other person also.

NAME(S): Completed Jointly Not Jointly

NAME(S):

| ASSETS (Omit Cents) | | LIABILITIES (Omit Cents) | |
|--|----|---|----|
| Checking and Savings (Please provide verification. Refer to attached Schedule of Liquid Assets) | \$ | Accounts Payable(Including Credit Cards) | \$ |
| IRA or Other Retirement Account – vested interest only. (Please provide verification. Refer to attached Schedule of Liquid Assets) | \$ | Notes Payable to Banks | \$ |
| Accounts & Notes Receivable (Please provide verification) | \$ | Installment Account (Auto)Mo. Payments \$ | \$ |
| Real Estate (Describe in Section 2) | \$ | Installment Account (Other)Mo. Payments \$ | \$ |
| Life Insurance-Cash Surrender Value Only | \$ | Loan on Life Insurance | \$ |
| Stocks & Bonds (Please provide verification) | \$ | Mortgages on Real Estate(Describe in Schedule of Real Estate Owned) | \$ |
| Closely Held Companies(Net Worth) | \$ | Unpaid Taxes | \$ |
| Other Personal Property. Include Automobile(s), jewelry, etc. | \$ | Other Liabilities | \$ |
| Other Assets | \$ | Alimony/Child Support/Separate maintenance Payments | \$ |
| Other Assets | \$ | TOTAL LIABILITIES: | \$ |
| TOTAL ASSETS: | \$ | TOTAL NET WORTH (Total Assets minus Total Liabilities) | \$ |

| SOURCES OF INCOME | | CONTINGENT LIABILITIES | | | |
|---|--|-------------------------------------|-----------------------------|------------------------------|-----------------------------|
| SALARY \$ | | AS ENDORSER OR CO-MAKER \$ | | | |
| NET INVESTMENT INCOME \$ | | LEGAL CLAIMS & JUDGMENTS \$ | | | |
| REAL ESTATE INCOME \$ | | PROVISION FOR FEDERAL INCOME TAX \$ | | | |
| OTHER INCOME (AS DESCRIBED BELOW) \$ | | OTHER SPECIAL DEBT \$ | | | |
| ALIMONY OR CHILD SUPPORT PAYMENTS MUST BE DISCLOSED IN "OTHER INCOME" UNLESS IT IS NOT DESIRED TO HAVE SUCH PAYMENTS COUNTED TOWARD TOTAL INCOME. | | | | | |
| REAL ESTATE OWNED (LIST EACH PARCEL SEPARATELY ON THE ATTACHED SCHEDULE OF REAL ESTATE OWNED). EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED). | | | | | |
| MISCELLANEOUS INFORMATION | | | | | |
| NAME: | | | NAME: | | |
| | | Applicant #1 | | Applicant #2 | |
| 1. | HAVE YOU EVER DECLARED BANKRUPTCY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | ARE YOU A PARTY TO ANY LIEN OR LAWSUIT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | HAVE YOU INCURRED A LOSS IN ANY OF THE PAST 3 YEARS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | DO YOU OWE ANY DELINQUENT STATE OR FEDERAL TAXES? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | IS THE BORROWER (IF AN ENTITY) FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE OWNERSHIP OF THE BUSINESS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | ARE YOU A US CITIZEN? (IF NOT, PLEASE PROVIDE US WITH THE NUMBER AND A COPY OF YOUR ALIEN REGISTRATION CARD) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. | HAS THE BORROWER (IF AN ENTITY) CHANGED NAMES IN THE PAST 5 YEARS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. | HAVE YOU RELOCATED FROM ONE COUNTY TO ANOTHER IN THE PAST 5 YEARS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE ATTACH DETAILS | | | | | |
| <p>I authorize Kinecta Federal Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness, including but not limited to credit bureau inquiries, verification of tax returns with the IRS, credit and banking references, etc. I certify that the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.</p> <p>I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION SHOWN ON THE ABOVE FINANCIAL STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHER THERE HAVE BEEN NO MATERIAL OR ADVERSE CHANGES TO MY FINANCIAL CONDITION SINCE THE DATE INDICATED ON THE STATEMENT</p> <p>I, THE UNDERSIGNED, FURTHER CERTIFY THAT THE INFORMATION SHOWN ON THE RENT ROLL, OPERATING STATEMENTS, PROPERTY INCOME AND EXPENSE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> | | | | | |
| SIGNATURE | | DATE | | SGB'cf'H5L'8 | |
| SIGNATURE | | DATE | | SGB'cf'H5L'8 | |



SCHEDULE OF LIQUID ASSETS

As of _____
(Must be most current statements which you have 100% interest)

Name: _____

Name: _____

| Financial Institution | Account Number | Type of Account (Checking, Savings, CD, IRA, Brokerage) | Balance |
|-----------------------|----------------|---|-----------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL: | | | \$ |

Attach all supporting statements to this Schedule, 2 months most current bank statements.

X _____ X _____



| TRAILING TWELVE MONTHS RENTAL RECEIPTS | | | |
|--|--------------|---------------|-------------|
| PROPERTY ADDRESS: | CITY: | STATE: | ZIP: |

Please enter your last twelve (12) months of rental receipts, beginning with the oldest month being reported. Rental income only. Exclude all miscellaneous income such as laundry income, parking income, storage fees, late fees, security deposits, etc.

| Year | | Month | Rents Received |
|---|----|-------|----------------|
| | 1 | | \$ |
| | 2 | | \$ |
| | 3 | | \$ |
| | 4 | | \$ |
| | 5 | | \$ |
| | 6 | | \$ |
| | 7 | | \$ |
| | 8 | | \$ |
| | 9 | | \$ |
| | 10 | | \$ |
| | 11 | | \$ |
| | 12 | | \$ |
| | | | |
| Total Receipts from prior twelve (12) month period | | | \$ |

I hereby certify the information supplied in this document to be accurate.

By: _____

_____ Date

Printed Name

By: _____

_____ Date

Printed Name

| PROPERTY STAFFING SCHEDULE | |
|----------------------------|------------------------|
| PROPERTY NAME: | PROPERTY PHONE: |
| BORROWING ENTITY: | DATE: |

| Employee Name | Position | Hours Per Week | Annual Salary or Hourly Wage | Monthly Benefits | Projected Year-end Bonus | Monthly Rental Discount | Unit Number |
|---------------|----------|----------------|------------------------------|------------------|--------------------------|-------------------------|-------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |

Please indicate model, admin, office, down, staff, or other non-revenue units below:

| Model, Office, Other | Unit Type | Unit # | Market Rent |
|----------------------|-----------|--------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| |
|---|
| <p>Are there any employees shared with other properties and/or shared management expenses?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, please explain below)</p> |
|---|

By: _____

Date _____



Business Services Division
1440 Rosecrans Avenue, Manhattan Beach, CA 90266
T (310) 643-5400 • F (310) 643-2404

PROPERTY, LIABILITY, AND OTHER INSURANCE REQUIREMENTS

As a condition of obtaining financing with Kinecta Federal Credit Union ("the Credit Union"), the Borrower is required to obtain and maintain the following types of insurance on the following terms. Please provide a copy of these requirements to your insurance agent. The Credit Union will not fund the loan unless these conditions are satisfied prior to the funding date. If a failure to meet these requirements occurs, or is discovered after funding, then such failure shall constitute a default under the loan agreement with the Borrower, and the Credit Union shall have all rights and remedies provided in the loan documents.

Property and Liability Insurance {Private}

Kinecta Federal Credit Union ("the Credit Union") requires each Property which secures each Mortgage be covered by property (to include all the extended coverage perils such as vandalism, malicious mischief, and other broad form perils) and liability insurance for the life of the Mortgage Loan. Unless otherwise stated, all insurance forms and policies refer to Insurance Services Office ("ISO") forms and policies. The named insured in each policy must be the Borrower.

The Mortgagee Clause must read as follows on each policy (with the exception of Workman's Compensation):

Kinecta Federal Credit Union, ISAOA/ATIMA

Attn: Business Services, CU/88

2100 Park Place

El Segundo, CA 90245

The Loss Payee Clause (property/hazard policy) pursuant to a Lender's Loss Payable Endorsement (Form 438-BFU) or an equivalent form subject to the Credit Union's approval, and the Additional Insured Clause (liability policy) must also list the above in addition to the name of the insured.

All future notices to the Credit Union regarding renewals, cancellation, changes in coverage, etc., are to be mailed to:

Bank of America

Capital Markets Servicing Group

FBO Kinecta Federal Credit Union, ISAOA/ATIMA

Mail Code: NC1-026-06-01

900 West Trade Street, Suite 650

Charlotte, NC 28255

General Insurance Requirements – Applies to All Policies

- All policies must be written on a per occurrence basis.
- Each policy must have a cancellation provision requiring the carrier to notify the Credit Union at least 30 days in advance of any policy reduction or cancellation for any reason except non-payment of premium.
- Each policy must include a cancellation provision that provides for at least a 10-day written notification of non-payment of premium.

- ❑ The Credit Union must be named as an additional insured under all liability insurance policies.
- ❑ Each property insurance policy must contain a mortgage clause and loss payable clause acceptable to the Credit Union.
- ❑ A paid-in full receipt for all policies in force must be provided at closing. Premium financing or installment plans are not permitted. If policy has been previously financed or paid in installments, the balance must be paid in full prior to closing.

Blanket Policies

The Borrower can satisfy the requirements of certain parts of these guidelines through the use of a blanket or package policy (or policies) of insurance covering the Property and other properties and liabilities of the Borrower, provided that:

- ❑ The policy provides the same or better insurance coverage as a single property insurance policy.
- ❑ The property is listed and identifiable in the policy and/or associated schedules.
- ❑ The policy complies with all other applicable insurance requirements.

Property/Casualty Insurance Carriers

A property/casualty insurance carrier must meet the following rating requirements even if it is rated by one or more rating agencies or conditions:

- ❑ AM Best Company general policyholder's rating of "A-" or better and a financial performance index rating of VI or better in Best's Insurance Reports or Best's Key Ratings Guide.
- ❑ The insurance carrier must be licensed to do business in the state in which the Property is located.

Term of Policy

- ❑ Each policy must be for a term of not less than one year at the time of closing the Mortgage Loan; or
- ❑ An existing policy with less than 12 months remaining at the time of closing the Mortgage Loan is acceptable so long as the policy contains the required coverages.
- ❑ Where there is a policy with less than 12 months remaining the Credit Union must collect sufficient funds at the closing of the Mortgage Loan and during the months following closing of the Mortgage Loan to ensure that adequate funds will be on deposit with the Credit Union to pay the next premium by the next scheduled due date.
- ❑ All premiums for existing or new policies must be paid in full at Mortgage Loan closing and cannot be financed. The Borrower may not finance premiums for renewals of policies.

Evidence of Insurance

The Borrower must provide to the Credit Union evidence of insurance for the covered Property on or before the closing of the Mortgage. Evidence of insurance coverages for the Property must be provided as follows:

- ❑ Temporary Evidence – Either (i) an ACORD 27 or 28 (either the 2003 or 2006 version is acceptable), combined with ACORD 25S or (ii) ACORD 75S, are acceptable forms of temporary evidence of insurance. If an ACCORD certificate is not available, the Credit Union will accept a letter signed by the Borrower and the licensed insurance broker certifying that the coverages, deductibles and exclusions meet the Credit Union's requirements.

- ❑ Permanent Evidence – The originals or certified copies of current insurance policies must be provided; except for a National Flood Insurance Program (NFIP) policy. The complete insurance policy is the only sufficient evidence of coverage.
- ❑ The Policy Declaration page of a National Flood Insurance Program (NFIP) policy is acceptable evidence of flood insurance coverage.
- ❑ Evidence of coverage such as insurance policy declarations pages, single policy endorsements, insurance binders and certificates of insurance are not an acceptable form of permanent insurance coverage.

Property Damage

The Credit Union requires that each Property, be covered by property insurance for the life of the Mortgage Loan. This section covers the requirements that policies for property insurance must satisfy.

Property Damage (“Special Form”) Insurance

| | |
|----------------------------|---|
| What is Required | “Special Form” (formerly referred to as “All-Risk”) Property Insurance Policy. |
| When Does it Apply? | All property types |
| Amount of Coverage | <ul style="list-style-type: none"> ❑ 100% of Estimated Replacement cost, without deduction for depreciation, or the unpaid balance of the loan at the time of funding (Full Replacement Cost Value) ❑ Co-insurance is not acceptable |
| Maximum Deductible | <ul style="list-style-type: none"> ❑ Not to exceed the greater of 1% or \$5,000 per occurrence for portfolio and/or single asset Mortgage Loans but no more than \$25,000 ❑ Blanket Policy – up to 1% of the total replacement values as listed on the policy but no more than \$25,000 |

The following exclusions from “Special Form” insurance policies are acceptable:

- ❑ War or Military Action
- ❑ Nuclear Hazard
- ❑ Volcanic eruptions
- ❑ Fraudulent or dishonest acts committed by the insured
- ❑ Dispersal, release or escape of contaminants, or pollution (biological and chemical agents)

Windstorm and flood exclusions are also acceptable, provided a separate policy or coverage is obtained for these exclusions, as specified elsewhere in this section.

The Credit Union reserves the right, at its sole discretion, to revise its insurance requirements to require coverage once excluded coverages becomes generally available in the marketplace.

Ordinance and Law Coverage

| | |
|----------------------------|---|
| What is Required | Ordinance and Law Coverage |
| When Does it Apply? | Properties that contain any type of non-conformance under current building, zoning, or land use laws or ordinances |
| Amount of Coverage | <input type="checkbox"/> Coverage A - Loss of Undamaged Portion of the Property Equal to 100% of the full replacement cost of the Property less the damage threshold of the local building ordinance. If threshold is not available, 100% of the full replacement cost of the Property <input type="checkbox"/> Coverage B - Demolition Cost Minimum 10% of the full replacement cost of the Property <input type="checkbox"/> Coverage C - Increased Cost of Construction Minimum 10% of the full replacement cost of the Property |

Boiler and Machinery Insurance/Equipment Breakdown

| | |
|----------------------------|---|
| What is Required | Coverage from loss arising from the operation of pressure, mechanical and electrical equipment |
| When Does it Apply? | Properties where any centralized HVAC, boiler, water heater or other type of pressure-fired vessel is in operation and regulated by the state where the Property is located |
| Amount of Coverage | Full replacement cost of the building(s) that houses the equipment |
| Maximum Deductible | No more than the deductibles on the property insurance policy |

Boiler and Machinery Insurance/Equipment Breakdown

The Credit Union requires that the Property and Borrower be covered by Liability Insurance for the life of the Mortgage Loan. This section covers the guidelines and requirements that policies for Liability Insurance must meet.

Commercial General Liability Insurance

| | |
|----------------------------|--|
| What is Required | Commercial General Liability Insurance for bodily injury, property damage and personal injury |
| When Does it Apply? | All property types |

| | |
|---------------------------|---|
| Amount of Coverage | <ol style="list-style-type: none"> 1. \$1 million per occurrence/\$2 million minimum general aggregate limit plus 2. Umbrella/Excess Liability in addition to the primary (minimums) <ul style="list-style-type: none"> Up to 3 stories \$1 million 4 to 10 stories \$5 million 11 to 20 stories \$10 million Greater than 20 stories \$25 million <ul style="list-style-type: none"> <input type="checkbox"/> The minimum required coverage limit may be satisfied by adding any combination of primary and umbrella/excess per occurrence and aggregate limits so that the sum of both equals the sum of the limits required in 1 plus 2 above <input type="checkbox"/> See the section “Blanket Policies” regarding the use of Blanket General Liability policies |
| Maximum Deductible | <ul style="list-style-type: none"> <input type="checkbox"/> Not to exceed the greater of 1% or \$5,000 per occurrence for portfolio and/or single asset Mortgage Loans but no more than \$25,000 <input type="checkbox"/> Blanket Policy – up to 1% of the total replacement values as listed on the policy but no more than \$25,000 <input type="checkbox"/> Excess/Umbrella Liability: \$5,000 deductible |

Commercial Auto Liability Insurance

| | |
|----------------------------|--|
| What’s Required | <p>Commercial Auto Liability Insurance that covers owned, non-owned, hired and leased vehicles (whichever shall apply)</p> <p>Including personal injury protection and uninsured motorist liability</p> |
| When Does it Apply? | If the Property uses cars, vans or trucks for business purposes, Commercial Auto Liability Insurance must cover those vehicles |
| Amount of Coverage | \$1 million per occurrence |

Additional Insurance Coverages

The following sections specify additional insurance coverages required by the Credit Union for each Property.

Business Income/Rent Loss Coverage

| | |
|----------------------------|---|
| What is Required | <p>Business Income / Rent Loss Coverage</p> <ul style="list-style-type: none"> <input type="checkbox"/> Business Income / Rent Loss coverage is required for all property insurance coverage including windstorm and flood, even if written on a stand-alone basis. See Catastrophic Risk Insurance - Windstorm Coverage, for additional information regarding the windstorm business income/rent loss requirements |
| When Does it Apply? | All property types |
| Amount of Coverage | <ul style="list-style-type: none"> <input type="checkbox"/> Actual loss sustained or minimum 12 months’ gross income/rents. The amount of coverage must be adjusted annually |
| Maximum Deductible | Two weeks per occurrence |

Builders Risk Insurance

| | |
|----------------------------|---|
| What is Required | Builder's Risk Insurance |
| When Does it Apply? | Required for all property types during reconstruction after an insured loss |
| Amount of Coverage | 100% of the completed value, on a non-reporting basis |
| Maximum Deductible | <input type="checkbox"/> Not to exceed the greater of 1% or \$5,000 per occurrence for portfolio and/or single asset Mortgage Loans but no more than \$25,000 <input type="checkbox"/> Blanket Policy – up to 1% of the replacement values as listed on the policy but no more than \$25,000 |

Workers' Compensation

| | |
|----------------------------|---|
| What is Required | Statutory Workers' Compensation and Employer's Liability Insurance |
| When Does it Apply? | Where employees of the borrowing entity are required to be covered by workers' compensation laws of the state in which the Property is located |
| Amount of Coverage | <input type="checkbox"/> Employer's Liability with a limit of \$1 million <p style="text-align: center;">And</p> <input type="checkbox"/> Statutory Limits for compensation |

Catastrophic Risk Insurance

Windstorm Coverage

| | |
|----------------------------|---|
| What is Required | <input type="checkbox"/> If the "Special Form" property damage insurance excludes any type of wind-related events, a separate windstorm insurance policy must be obtained <input type="checkbox"/> Coverage obtained through state insurance plans, or other state-managed windstorm and beach erosion insurance pools is acceptable – <i>if that is the only windstorm coverage available in an insurance market</i> <input type="checkbox"/> Business income/rent loss coverage for a minimum of 12 months plus a 90-day extended period of indemnity (as otherwise specified in this Section) is required even if a state insurance program is providing the windstorm coverage. An Excess or Difference In Conditions (DIC) policy may provide the coverage |
| When Does it Apply? | Required for all properties |

| | |
|---------------------------|---|
| Amount of Coverage | <input type="checkbox"/> 100% of replacement cost or if replacement cost is not available, then the actual cash value of the Property if it equals or exceeds the current unpaid Mortgage Loan balance <input type="checkbox"/> Business Income: Actual loss sustained or minimum 12 months' gross income/rents. Business Income / Rent Loss coverage is required even if written on a stand-alone basis |
| Maximum Deductible | Not to exceed the greater of 1% or \$5,000 but no more than \$25,000 |

FLOOD INSURANCE

The Credit Union must determine, for every Mortgage Loan, whether any of the Improvements are located in a Special Flood Hazard Area (SFHA). SFHAs are areas designated by the Federal Emergency Management Agency (FEMA) as Zone A or V.

| What is Required | Flood Insurance |
|----------------------------|--|
| When Does it Apply? | <input type="checkbox"/> Flood insurance is required for Property Improvements located in SFHA Zone A or V <input type="checkbox"/> If the improved portions of the Property are not located in an SFHA Zone A or V, then flood insurance is not required, even if the unimproved portions of the Property are in an SFHA |
| Amount of Coverage | 100% of the full replacement cost. If 100% of the full replacement cost is unavailable, then the maximum amount of insurance available under the National Flood Insurance Program (NFIP) must be obtained |
| Maximum Deductible | Standard Flood Policy: NFIP: any deductible available under the NFIP - not to exceed \$5,000 |

Flood insurance should be in the form of the standard policy issued by members of the National Flood Insurance Program (NFIP). Other policies that meet the NFIP's requirements, such as those issued by licensed property and casualty insurance companies that are authorized to participate in NFIP's "Write Your Own" program, are acceptable. Equivalent flood insurance written by qualified carriers are also acceptable.

If conditions warrant, the Credit Union may require flood insurance for Property improvements located outside of an SFHA but within an area designated by FEMA as a Zone X, such as a Property that is in an area subject to flooding due to storm water or within close proximity to an SFHA boundary.

The Credit Union may require the Borrower to purchase flood insurance at any time during the life of the loan due to a revision of flood hazard areas. The Credit Union must be named as Loss Payee on the certificate.

Other Insurance Requirements

Further discussion with the Credit Union is necessary if the property is subject to the following; additional insurance requirements may apply:

- Earthquake Insurance (listed as a loan condition)
- Terrorism Insurance

- Directors' and Officers' Liability Insurance
- Fidelity Bond/Crime Insurance
- Sinkhole/Mine Subsidence Insurance

Borrower's Responsibility {PRIVATE}

It will be the Borrower's responsibility during the term of this loan with the Credit Union, its successors and/or assigns, to assure that the above requirements are adhered to and that the policy(ies) is/are received or replaced at least 30 days prior to expiration.

The undersigned Borrower(s) acknowledge receipt of and agree to these insurance requirements.

BORROWER:

| | |
|--|------|
| | Date |
| | Date |
| | Date |
| | Date |

INSURANCE VERIFICATION (BORROWER TO COMPLETE)

| | |
|--------------------------|---------------------------|
| Borrower/Insured: | Property Address: |
| Insurance Agent: | Insurance Company: |
| Address: | Phone No.: |
| City, State, Zip | Email: |
| Policy No.: | Annual Premium: |
| Effective Date: | Expiration Date: |