

APPLICATION

NOTE: This application must be completed in all respects, dated and signed by the applicant. The processing of this application depends upon detailed answers and telephone numbers being inserted where indicated. **I UNDERSTAND THAT NO APPLICATION WILL BE PROCESSED WITHOUT THE SUBMISSION FEE PAID IN FULL.**

PART I

PROJECT INFORMATION SECTION

- 1. PROJECT NUMBER: _____ (For Office Use Only)
- 2. NAME OF PROJECT: _____
- 3. NAME OF PRINCIPAL(S) _____

- 4. DESCRIPTION OF PROJECT: _____

- 5. LOCATION OF PROJECT: _____

- 6. START DATE FOR PROJECT: _____
- 7. ESTIMATED NET WORTH/APPRASIED VALUE: _____
- 8. DESCRIPTION BASIS OF NET WORTH/APPRASIED VALUE: _____

Client: _____ Date: _____

**APPLICATION (Continued)
Part II**

LENDER/FUNDING INFORMATION SECTION

1. NET AMOUNT REQUESTED TO FUND PROJECT: _____

2. TYPE OF FUNDING: (Check One) LOAN _____ BOND ISSUE _____ OTHER _____

3. DESCRIPTION OF FUNDING:
NAME OF LENDER/FUNDER _____

ADDRESS _____

PHONE: _____
FAX: _____
E-Mail _____

TERMS OF FUNDING:
DURATION OF LOAN: _____
INTEREST RATE: _____
SPECIAL CONDITIONS: _____

4. COLLATERIAL AVAILABLE TO SUPPORT PROJECT

PRIMARY: _____

5. OTHER, IF REQUIRED: _____

Client: _____ Date: _____

1. **NAME OF APPLICANT:** _____
(If corporation, show exactly as it appears on corporate charter. If sole proprietorship or partnership, show trade style, if any.)

2. **BUSINESS ADDRESS:** _____
(Street Address)

(City, State, Zip Code)

3. **CORPORATE NAME:** _____

STATE AND DATE OF INCORPORATION: _____
State Date

A) CORPORATE INFORMATION:

Name of Officers	% Owned	Residence Address	Zip
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President _____

V. President _____

Secretary _____

Treasurer _____

Other Major Shareholder(s) _____

B) PARTNERSHIP NAME: _____

PARTNERSHIP INFORMATION: Include full legal names of partners and spouse)

Name of Partners	% Owned	Residence Address	Zip
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Client: _____ Date: _____

C) **IF PROPRIETORSHIP:** Individual's Name _____
(Include first name and middle initial)

(Social Security No & /Passport No.)

Residence Address: _____

(Telephone)

Date of Birth: _____ Name of Spouse: _____
(Include first name and middle initial)

PLEASE ATTACH CURRENT NOTERIZED UTILITY BILL

4. BANK REFERENCES:

Name & Address of Bank	Loan Officer & Phone No.	Maximum Line Security
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5. Do you, your company and officer(s) or partner(s) have any other business interest or affiliates? _____

6. Are you or your firm currently involved in any disputes, suits judgments, liens or surety claims? _____

7. Name, address and phone number of your attorney: _____

8. Name, address and phone number of your accountant: _____

9. On what accounting basis are your financial statements prepared? (Check One)
CASH _____ ACCRUAL _____

10. Are your statements and federal taxes (including withholdings) paid current? _____ (If not explain in detail on a separate sheet of paper.)

11. Do you currently have a U.S. Small Business Administration Loan? _____ (If yes, give original amount of loan: \$ _____ Present Balance \$ _____)

12. List completed names and address of major Credit References/Trade Accounts with which you have conducted business over the last 24 months.

Firm	Address	Phone No.	Contact	Credit Limit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Client: _____ Date: _____

APPLICATION (Continued)
PART IV
APPLICATION ACKNOWLEDGEMENT AND AFFIRMATION SECTION

Authority is hereby granted to any individual, firm, corporation, or any institution to furnish Northern & Western Insurance Company Ltd. or its' designated analyst, upon its request with any information concerning the above statements or pertaining to the undersigned(s) financial standing, credit or manner of meeting obligations. It is understood that a photocopy or fax of this form will also serve as consent.

I understand and agree that Northern & Western Insurance Company, Ltd. does not permit analysts, employees, agents or brokers to make verbal agreements, representations, warrants, promises, or concessions regarding project review and considerations. I hereby agree that I will not rely on any verbal statements made but will only rely on written agreements, written commitments, written documents, or written representations made by the appropriate designated management of Northern & Western Insurance Company, Ltd.

I also acknowledge that I have read and agree to the terms and conditions contained in this document.

I UNDERSTAND THAT NO APPLICATION WILL BE PROCESSED WITHOUT THE SUBMISSION FEE PAID IN FULL.

It is further understood by me that Northern & Western Insurance Company, Ltd. and / or its' guarantors/insurers may, at their sole discretion, choose to issue a Business Performance Insurance Policy or other credit enhancement instruments without regard to the suitability of my project. The issuance of a Policy or other credit enhancement instruments is in no way able to be construed that I can be assured that my lender will fund my project with or without such instruments.

Signed this _____ day of _____, 20 _____

NOTE: If a corporation, sign corporate name by the CEO and one other authorized officer. If a partnership, each member of the firm shall affix signature below firm name.

Name and Title

Name and Title

Name and Title

Name and Title

Witness: _____

Witness: _____

Client _____ Date _____

SUBMISSION PROCESS

IMPORTANT:

You must have a lender for your project that accepts a Business Performance Insurance Policy (or other credit enhancement instruments) issued by Northern & Western Insurance Company, Ltd.. a policy, if issued, is always the second source of repayment for the lender. All lenders must understand that your project, not the credit enhancement, is to be the primary source of repayment.

The following outlines the process and requirements for a project to be considered for the issuance of a Policy or other credit enhancement instruments.

Submission Process

The client and/or client's representative presents a brief description of the project and completes our Short Form Application. Should the Project appear to meet the initial criteria for further discussion or review;

There is usually an interview with the client.

The client prepares or brings with them, a complete project submission package consisting of the following:

- A) A fully completed and signed application
- B) Three original copies of all relevant project documentation (including but not limited to the following documents):
 - 1. A current business plan or complete project description
 - 2. A five year project cash flow analysis of the project. Financial statements for the past five years operations (Audited statements if available)
 - 3. If real estate is involved in the project an updated MAI appraisal of the collateral
 - 4. Documentation to support primary and other collateral
 - 5. Documentation naming the lender/funder and indicating their desire to proceed assuming placement of acceptable financial guarantee
 - 6. Documentation indicating remittance of the submission fee
 - 7. Copy of passport and current notarized utilities bill

THESE ITEMS MUST BE DELIVERED WITHIN 30 DAYS OF THE INITIAL MEETING OF THE APPLICANT OR THE PROJECT WILL BE PLACED IN AN INACTIVE STATUS.

Client: _____ Date: _____

Fees Payable in Connection with the Submission, Analysis and Possible Issuance of a

BUSINESS PERFORMANCE INSURANCE POLICY OR OTHER CREDIT ENHANCEMENT

Fees associated with acquiring the services of Northern & Western Insurance Company, Ltd. and the guarantors or insurers for which it is the exclusive representative are as follows:

PROJECT SUBMISSION: US\$_____

This fee is to cover the costs associated with our outside independent consulting and analysis firm that conduct all due diligence, our internal review and due diligence, preparation and presentation to the Review Committee and assessment of the project. This fee is non-refundable and must be paid to Northern & Western Insurance Company, Ltd. prior to any project being considered or reviewed.

SITE INSPECTION: On an incurred basis

A charge of US\$ 750.00 per day, or any part thereof, plus actual expenses will be charged for the site inspection. These actual expenses include but are not limited to the travel to the site, car rental if required, hotel, food, film and other incidentals. If the site is out of the country then business class airfare will be charged. In the event a specialist is required to facilitate the site inspection this is also an added expense that must be paid by the client.

**GUARANTEE FEE: Initial One-Year Fee ranging from 2%-10%
Renewal Fee Ranging from 1.5%-4% per year**

This fee covers the cost of Business Performance Insurance Policy or other credit enhancement instruments. The initial commitment is usually for a two-year period. The initial fee is paid at the time of closing. The renewal fees are paid at the time of renewal or payment discount to present day value if required as closing by client's lender/funder.

OTHER EXPENSES: On an as incurred basis

If we are required to prepare additional packages, travel on behalf of the client in conjunction with this request for a Business Performance Insurance Policy or other credit enhancement instruments, or have other direct out-of-pocket expenses, the client must pay these expenses. All such expenses will be submitted to the prior to any expenditure or undertaking.

Client:_____ Date:_____

NOTIFICATION and AUTHORIZATION TO OBTAIN INFORMATION

I/We have applied for a credit enhancement instrument from Northern & Western Insurance Company, Ltd. as part of the application process, Northern & Western Insurance Company, Ltd., or its assignee, may verify information contained in my/our application and in other documents required in connection with the credit enhancement instrument.

I/We authorize you to provide to Northern & Western Insurance Company, Ltd., or its assignee, any and all information and documentation they request. Such documentation may include but be limited to, a background investigation from World Tracker, a Consumer Credit Report, corporate and personal income tax returns, bank, money market, mutual funds, stocks, bonds and similar type balances in personal and business accounts.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Furthermore, I am entitled to know if my request for a credit enhancement instrument has been denied as a result of information obtained from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency, a statement that a action was based in whole or part on information contained in the report, and written notice that I have the right (I) if I request to obtain within sixty days a copy of the Report from the Reporting Agency, and from any other consumer Credit Reporting Agency which compiles and maintains on consumers on a worldwide basis: and (II) to dispute the accuracy or completeness of any information in a consumer credit report furnished by the Reporting Agency.

I further understand that any Consumer Report of Investigative Report will be used strictly for credit worthiness as defined under the Fair Credit Reporting Act (603), as a report to be used for the sole purpose of evaluation of credit worthiness for the issuance of a credit enhancement instrument. A photographic or faxed copy of this Notification and Release Authorization shall be valid as the original.

I hereby certify that ALL requested information supplied to Northern & Western Insurance Company, Ltd. whether on Northern & Western Insurance Company, Ltd. Forms or on any other forms, is true and accurate as of this date. This authorization shall remain in full force until rescinded in writing. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Section 817.2334 (1) (b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer, who files a statement of claim or an application containing any false or misleading information is guilty of a felony in the third degree."

Dated this _____ day of _____, 20_____ Name of Company _____
Signed by: _____ Title: _____

****Personal Authorization:**
Last Name _____ First Name _____ Middle Initial _____
Home Address _____ City _____ St/Zip Code _____
Social Security # _____ Date of Birth _____ Passport # _____
X _____ Today's Date _____
Signature Authorizing Procurement of Consumer Report and/or Investigative Report