

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*)
- _____ Electronic Disclosures Agreement
- _____ 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
TOTALS:						

No. of Apts. Vacant: _____
 No. of Stores Vacant: _____
 No. of Offices Vacant: _____
 No. of Whses. Vacant: _____

Total No. of Apts.: _____
 Total No. of Stores: _____
 Total No. of Offices: _____
 Total No. of Whses.: _____

Utilities Include (circle one)
 Gas: Y N
 Elect.: Y N
 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.

Property Owner

Location of Property

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:

By: _____

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 THE FIRST BANK OF GREENWICH	DATE
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PERSONAL INFORMATION

APPLICANT (NAME)			CO-APPLICANT (NAME)		
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)**	
TOTAL INCOME ▶	\$

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)	
TOTAL EXPENDITURES ▶	\$

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														
Total														

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

Electronic Disclosures Agreement

Consent To Electronic Delivery of Disclosures

You have the right to receive certain disclosures at the time of application in a form that you may keep. By entering into this Agreement, you understand that the Bank will provide you with certain disclosures only in electronic form via email. You agree that any communication provided to you pursuant to the terms of this Agreement, and any future disclosures required by law, may be made electronically via an e-mail with attached disclosures. We will send all notices, attachments, and/or documents via e-mail to the last known e-mail address provided by you.

You understand that if you decide in the future that you would like to receive printed disclosures in the mail instead of receiving or obtaining disclosures or notices electronically, you agree to notify the Bank in person, via telephone or via U.S. Mail. Our telephone number and postal address are: (203)629-8400; The First Bank of Greenwich, Attention: Lending Department, 444 East Putnam Avenue, Cos Cob, CT 06807.

Withdrawing Your Consent

You may withdraw your consent to receive electronic disclosures or notices by notifying us at the telephone number or address listed in the "Consent to Electronic Delivery of Disclosures" section above. After you withdraw your consent, we will mail any required disclosures or notices to the address last known to us for your loan account. Your withdrawal of consent will apply to all disclosures and notices to which your consent applied. You agree that we have a reasonable amount of time to implement your withdrawal of consent to receive such electronic disclosures or notices and to begin sending printed documents to you.

Obtaining a Printed Disclosure or Notice

If you need to obtain a printed copy of disclosures or notices that have not been mailed to you because you have agreed to receive electronic versions instead, please call the Bank at (203)629-8400. The Bank will not charge a fee for this service.

Acknowledgement of Consent

I/We elect to receive disclosures or notices electronically*

Please use the following e-mail

address for such correspondence: _____@_____ .com

I/We elect not to receive disclosures or notices electronically **

BY: _____
Signature Date

BY: _____
Signature Date

*By consenting to these terms, you acknowledge and agree with the terms stated herein, and that you can access, view and retain the paperless documents described in PDF formats. You understand that you should contact the Lending Department to report any problems you may encounter.

**The Bank will send disclosures and notices via U.S Postal service to the address provided at application.

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: _____

Received by _____ Date _____