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Jim C. Beck, President



## LETTER OF INTENT

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

Application/Insured: \_\_\_\_\_  
\_\_\_\_\_

Location Property: \_\_\_\_\_  
\_\_\_\_\_

Date Rehabilitation will start: \_\_\_\_\_

Describe work to be done: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate dollar amount to be invested: \_\_\_\_\_

Approximate date of completion: \_\_\_\_\_

If dwelling, intended occupancy (owner of tenant): \_\_\_\_\_

Number of Families: \_\_\_\_\_

If commercial, type of occupancy: \_\_\_\_\_

Date of which building will be occupied: \_\_\_\_\_

Signature of Applicant/Insured: \_\_\_\_\_