

Moskowitz Capital Management Inc.

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Fax: 416-871-4886

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INSURANCE BROKER CONTACT INFORMATION

Please provide the following information by forwarding a completed copy of this form along with your accepted Commitment letter, for our records:

BORROWER: _____

SUBJECT PROPERTY ADDRESS: _____

INSURANCE BROKER: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FACSIMILE NUMBER: _____

E-MAIL ADDRESS: _____

I/We hereby authorize the above noted Insurance Broker to release the insurance information required by Moskowitz Capital Mortgage Fund Inc., Moskowitz Capital Mortgage Fund II Inc. and Moskowitz Capital Management Inc. and their insurance consultant, for this transaction.

BORROWER(S): _____

DATE: _____