



Moskowitz Capital Mortgage Fund II Inc.  
Moskowitz Capital Management Inc.  
2200 Yonge Street, Suite 1002  
Toronto, Ontario M4S 2C6  
Tel (416) 781-6500 Fax(416) 981-8994  
Atlantic Canada:  
1791 Barrington St.  
Suite 300 Halifax NS B3J 3K9  
1-866-841-5385  
[www.moskowitzcapital.com](http://www.moskowitzcapital.com)  
[deals@moskowitzcapital.com](mailto:deals@moskowitzcapital.com)

**MOSKOWITZ CAPITAL MANAGEMENT  
Insurance Broker Contact Information**

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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:** \_\_\_\_\_