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COMMERCIAL LOAN SCHEDULING REQUEST

Bruce D. Jackson: bdj@bjklaw.us

(You may not schedule until this form is fully completed and faxed or e-mailed to us along with the required documentation from the checklist we have forwarded to you and we must be in receipt of the clear to close from Astoria.

NOTE: BISHOP, JACKSON & KELLY, LLC is not able to determine whether the file is cleared to close and you must contact the loan originator/ Broker to determine the status of the loan. If you do not hear from us you must contact this office to confirm your closing date and that all information is received and acceptable to the lender)

1. Requested Closing Date: _____ **PURCHASE** _____ **REFINANCE**

PLEASE BE ADVISED THAT THIS DATE IS TENTATIVE UNTIL IT IS CONFIRMED BY E-MAIL FROM BISHOP, JACKSON & KELLY, L.L.C.

2. Title Insurance:

Borrowers Name

(as appears in Note, Mortgage and Title policy):

Property Address:

472 Wheelers Farms Road

Station House Square

450 Post Road East

Third Floor
Milford, CT 06461
Phone: 203-647-3300
Facsimile: 203-647-3333

2505 Main Street, Suite 228
Stratford, CT 06615
203-386-1282
203-386-1795

www.BJKlaw.us

First Floor
Westport, CT 06880
203-682-8290
203-682-8293

If Borrower is Limited Liability Company or Corporation, Please indicate the following:

Name of Person executing Documents on behalf of Company: _____

If the borrower is a Limited Liability Company, is it Member or Manager Managed:

Tax Identification Number for Limited Liability Company: _____

3. Hazard Insurance with paid receipt:

I n s u r a n c e

A g e n t :

A g e n t ' s

A d d r e s s :

Amount of Coverage: _____ Annual Premium: _____

Policy No: _____

Policy Term Dates:

I n s u r a n c e

C o m p a n y :

4. Flood Insurance, with paid receipt (if applicable):

Insurance in the loan amount (or \$250,000 maximum allowable) with maximum deductible of \$1,000.00.

Insurance Agent:

Address: _____

Amount of Coverage: _____

Annual Premium: _____

Policy No: _____

Policy Term Dates: _____

Insurance Company: _____

5. Real Estate Taxes:

Annual (Total) Taxes: \$ _____

Amount due when next paid: \$ _____

Due Dates: _____

Address of Tax Collector: _____

Next Installment Due: _____

Prior to Closing (3 days): Copy of tax bill. Astoria requires that all real estate taxes that will become due and payable within SIXTY (60) days after the date of closing be paid at the time of closing. **IF TAXES ARE NOT ASSESSED YET, BORROWER'S ATTORNEY MUST ESTIMATE THE TAX FOR THE COMING YEAR IN WRITING PRIOR TO CLOSING.**

6. Cancellation or modification of closing or documents:

If this closing is adjourned or modified after Bishop, Jackson & Kelly, L.L.C. has prepared the file, then it is Astoria Federal's policy to impose a redraw fee not to exceed \$350.00.

7. Power's of Attorney:

No **Power of Attorney** forms may be used without the Power being first approved by Bishop, Jackson & Kelly, LLC and Power of Attorney may only be used in limited circumstances which are in the sole discretion of Astoria Federal Mortgage Corporation. A Powers of Attorney may not be used for Limited Liability Company or Corporations under any circumstances. Any documents executed with the Power of Attorney must be executed as follows: "Borrower1 by Borrower2, his/her attorney in fact".

8. Travel:

Closings are generally in our office in Westport, Milford, or Stratford, CT. On occasion, however, we will travel to another office to close. If we travel there is a travel fee of **\$200.00** per hour. This travel fee is paid at closing by attorney trust check or bank check

and is in addition to the bank fee. Borrower's attorney will be further required to confirm in writing that the documents are acceptable as drafted and that they understand that **NO CHANGES CAN BE MADE TO THE DOCUMENTS WHEN THE CLOSING IS NOT IN OUR OFFICE.**

9. BROKER:

FEE AMOUNT: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

Please provide a written broker fee sheet prior to closing. Please note that once the funds are ordered from Astoria no changes can be made to the broker's fees without adjourning the closing and rescheduling.

10. YOUR LAW FIRM:

A T T O R N E Y :

P A R A L E G A L :

ADDRESS FOR DELIVERY:

—

PHONE: _____

FAX: _____

E-MAIL: _____

11. Delivery of Package/Funds: Federal Express/UPS/Airborne:

Carrier: _____

Overnight #: _____