Massachusetts Property Insurance Underwriting Association Rhode Island Joint Reinsurance Association

LETTER OF INTENT

Date:

File Policy No.:

Applicant/Insured:

Location of Property:

Date Rehabilitation will commence:

Work to be done:

Approximate dollar amount to be invested:

Approximate completion date will be:

Intended future occupancy of building will be:

Building will be occupied on:

(State Date)

Signature of Applicant/Insured: MUA-RIA-UND-11 (5/92)