

Capital Access Business Loan Guarantee

Application

Borrower's Instructions:

Do not complete this form unless asked to do so by your Bank Lending Officer.

Lender's Instructions:

1. This form should be completed FIRST by the Borrower and SECOND by the Lender.
2. Submit to CI within 10 days after closing.
3. Please attach:
 - a) Borrower's Agreement;
 - b) Notice to Borrower;
 - c) Evidence of Lender's and Borrower's premium payments.

CI Contacts

Ted Murphy

Vice President

Tel: 860-258-7823

Ted.murphy@ctinnovations.com**Colin Tedeschi**

Vice President, Credit Administration

Tel: 860-258-7827

Colin.tedeschi@ctinnovations.com

Lender

Bank Name: _____

Originating Office: _____

Contact Officer: _____

Phone: _____ Fax: _____ Email: _____

Borrower(Principal Operating Company): _____

Contact Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Federal EIN: _____

Ownership:

Proprietorship

Limited Liability (LLC)

S Corporation

Partnership

C Corporation

Other (please specify)

Principal, guarantors and other persons owning 10% or more of the Applicant are (please list additional shareholders, principals and/or guarantors on a separate sheet of paper):

	1	2	3
Name	_____	_____	_____
Title	_____	_____	_____
Address	_____	_____	_____
City, State, Zip	_____	_____	_____
% Ownership	_____	_____	_____
Social Security	_____	_____	_____

The majority company shareholder is (check all that apply):

A minority

Woman

Physically disabled

Veteran

Project Location(s): Attach sheet listing other business locations.

Enterprise Zone:

Address: _____

City: _____ State: _____ Zip: _____

Company website: _____

Lender

SIC: _____ or NAICS: _____

Type of business: _____

Manufacturing	E-Commerce	Service	Retail	Wholesale
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Contractor	Other: _____
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Loan Information

New Loan/ Credit Line	Loan Refinancing	Credit Line Renewal
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Loan Amount \$	Term Mos./Yrs.	Lender's Loan #	Interest Rate %
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Amount enrolled in CAB: \$ _____ Date of approval: _____ Closing date: _____

CI supplemental insurance: _____ % Amount: \$ _____

Type

Term Loan	Revolving Loan	Line of Credit
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Purpose

Working Capital	Equipment Purchase	Real Estate
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Other: _____

Fees & Reserve Deposits

Allocation:

Borrower %	Lender %	CI %
1.5% - 2.5%	1.5% - 2.5%	2.5% - 4.5%
\$ _____	\$ _____	\$ _____

Lenders Fee Paid by Borrower? Yes No

Representations & Warranties

In filling this form, Lender affirms that the loan conforms to the Eligibility Guidelines of the Program and confirms the representations and warranties specified in the Master Participation Agreement between the Lender and CI.

Signature _____ Title _____

Printed Name _____ Date _____

Borrower

Description of business including products and/or services.

Connecticut Employment

	<u>Current CT employment</u>		<u>Effect of project on CT employment</u>	
	Total jobs	% Minority	Retained Jobs	New jobs
Full-time				
Part-time				
Total				

Connecticut wages & benefits

		Current	Annual payroll at project completion	
			Retained jobs	New jobs
Gross annual payroll	\$			
Gross annual fringe benefits	\$			

Medical insurance provided for: All employees Executive only Full-time only None
 % paid by employer _____ %

Gross revenues of operating company for the most recent fiscal year: \$ _____

Percentage of sales to customers outside of Connecticut _____ %

Certification by Applicant

I certify that the information contained herein is complete, true and accurate to the best of my knowledge. The undersigned further agrees that banks, credit agencies, lessors and other lenders, the CT Department of Labor, the CT Department of Revenue Services, the CT Department of Energy and Environmental Protection and other references are hereby authorized now, or any time in the future, to give the Connecticut Innovations any and all information in connection with matters referred to in this application, including information concerning the payment of taxes by the Borrower/Applicant. In addition, the undersigned agrees that the funds provided pursuant to this application will be utilized exclusively for the purposes represented in this application, as may be amended. I further agree that individual company data and data from the CT Department of Labor may be used for reporting purposes to the CT General Assembly to comply with the Authority's statutory requirements.

Signature _____ Title _____

Printed Name _____ Date _____

CI Use Only

CI acknowledgement of enrollment: By _____ By _____ Date _____