Thank you for your interest in commercial space with South Bend Heritage. We offer diverse options for commercial rental space tailored for those requiring small office or larger retail or commercial space.

Please fill out the following information and submit to marcomariani@sbheritage.org or via mail at 803 Lincolnway West South Bend, IN 46616. 574-289-4550 (fax)

Visit www.sbheritage.org for more information.

CONTACT INFORMATION

First Name: 
Middle Initial: 
Last Name: 
Preferred Contact Phone Number: 
Preferred Contact Address: 
Email Address: 

Business Information

Name: 
Type of Business: 
Number of employees: 
Address (if other location): 
Year Established: 
Approx. Amount of Space Needed: 
Expected Business Hours: 
Are you able to obtain the required business insurance? (See attached information)

Preferred Lease Term
- 6 months
- 1 year
- 2 -3
- Longer than 3

Preferred Lease Start Date

COMMERCIAL RENTAL HISTORY (if applicable)

1) Address: 
City: 
State: 
ZIP Code: 

Lease Agent/Manager Name: 

Phone Number: 

Date In: 
Date Out: 

Reason for Moving: 

Other Information you would like to include:
## Certificate of Liability Insurance

**Certificate Number:**

**Revision Number:**

**Issuer:**

**Insured:**

### Coverages

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Additional Sub Limit</th>
<th>Policy Number</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Policy Expiry (MM/DD/YYYY)</th>
<th>Limits</th>
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</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>X</td>
<td>X</td>
<td>05/27/2014</td>
<td>05/27/2015</td>
<td>1,000,000</td>
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<tr>
<td>Umbrella Liability</td>
<td>X</td>
<td>X</td>
<td>05/27/2014</td>
<td>05/27/2015</td>
<td>1,000,000</td>
</tr>
</tbody>
</table>

**Liability Limits:**

- Each Occurrence: $50,000
- Bodily Injury (Per Person): $1,000,000
- Bodily Injury (Per Accident): $2,000,000
- Property Damage: $2,000,000
- Combined Single Limit (Per Accident): $1,000,000

**Description of Operations / Locations / Vehicles:**

**Workers Compensation and Employers' Liability:**

**Additional Insured:** South Bend Heritage Foundation

**Certificate Holder:**

**Cancellation:**

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

**Authorized Representative:**

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