

**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: _____