

# Lender Information

Name of Applicant: \_\_\_\_\_

Name(s) of Servicing Subsidiaries: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Web Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Year Established: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Officer: \_\_\_\_\_ Contact: \_\_\_\_\_

Has applicant ever been under receivership, conservatorship, or filed bankruptcy?  Yes  No

Check Coverage(s) Desired:

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Property     | <input type="checkbox"/> Liability |
| <input type="checkbox"/> Loss of Rent | <input type="checkbox"/> Content   |
| <input type="checkbox"/> Builder Risk | <input type="checkbox"/> Flood     |
| <input type="checkbox"/> Earthquake   |                                    |

Do you desire coverage on property based upon:

- Appraised Value  
 Last Known Amount of Coverage

Indicate desired basis of coverage:

- Replacement Cost  
 Actual Cash Value

Deductibles Desired: Commercial: \$ \_\_\_\_\_

Residential: \$ \_\_\_\_\_

Current Coverage Information:

Check here if no current coverage is in place

Insurance Carrier: \_\_\_\_\_

Limit: \$ \_\_\_\_\_

Commercial Deductible: \$ \_\_\_\_\_

Residential Deductible: \$ \_\_\_\_\_

Commercial Rate: \$ \_\_\_\_\_

Residential Rate: \$ \_\_\_\_\_

Mortgage Portfolio Characteristics:	Residential	Commercial	Mobile/ Manufactured Homes
Mortgage Dollars Outstanding:	_____	_____	_____
Average Mortgage Amount:	_____	_____	_____
Current Number 1 <sup>st</sup> Mortgage:	_____	_____	_____
1 <sup>st</sup> Mortgage Originations Next Twelve (12) Months:	_____	_____	_____

	Residential	Commercial	Mobile/ Manufactured Homes
2 <sup>nd</sup> Mortgage Originations Next Twelve (12) Months:	_____	_____	_____
Current Number of Home- Equity Line of Credit Loans:	_____	_____	_____
Home-Equity/Credit Originations Next Twelve (12) Months:	_____	_____	_____
Current Number of REO Properties:	_____	_____	_____
<b>State Breakdown:</b>	<b>Outstanding Balance</b>	<b>Number of Mortgages</b>	<b>New Mortgages Next 12 Months</b>
Alabama:	_____	_____	_____
California:	_____	_____	_____
Connecticut:	_____	_____	_____
Delaware:	_____	_____	_____
Florida:	_____	_____	_____
Georgia:	_____	_____	_____
Hawaii:	_____	_____	_____
Louisiana:	_____	_____	_____
Massachusetts:	_____	_____	_____
Maryland:	_____	_____	_____
Maine:	_____	_____	_____
Mississippi:	_____	_____	_____
North Carolina:	_____	_____	_____
New Hampshire:	_____	_____	_____
New Jersey:	_____	_____	_____
New York:	_____	_____	_____
Pennsylvania:	_____	_____	_____
Rhode Island:	_____	_____	_____
South Carolina:	_____	_____	_____
Texas:	_____	_____	_____
Virginia:	_____	_____	_____
All Other States:	_____	_____	_____

**Important:** Manufactured and mobile homes are excluded. Coverage can be purchased, but with a separate rate and deductible and for Actual Cash Value (ACV) only.  Check here if this coverage is desired.

**Loan Servicing Information:**

Number of loans currently serviced (attach portfolio distribution list by state): \_\_\_\_\_

Number of loans currently serviced in the following categories:

Residential:	_____	Condominiums:	_____
REO:	_____	Commercial:	_____
Mobile/Manufactured:	_____	Second/Home-Equity:	_____

Type of Loans Serviced:

- Conventional
- B&C
- Governmental

Percent of Serviced Loans:

Escrowed: \_\_\_\_\_ %  
 Non-escrowed: \_\_\_\_\_ %

Other Underwriting Information:

Source of Mortgage Loan Originations:

Direct: \_\_\_\_\_ %  
 Indirect: \_\_\_\_\_ %

Delinquency Ratio: \_\_\_\_\_ %

What percent of mortgaged properties are force placed?

Residential: \_\_\_\_\_ %      Commercial: \_\_\_\_\_ %

How do you perform flood zone determinations?

- At Origination
- At Acquisition
- On the Existing Portfolio

Flood Underwriting Information:

How do you perform flood zone determinations?

On Existing Portfolio:  Yes  No  
 At Acquisition:  Yes  No

Claims Information:

**Notice:** It is critical that you provide currently valued loss runs (if applicable) with the submission to obtain a proposal.

List all losses below for past five (5) years. Use a separate piece of paper if necessary.

Date of Loss	Type of Loss	Amount Paid	State Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Important:**

The signed application warrants all information provided on this application is true and factual.

Signed applicant understands that it is their responsibility to comprehend the contents of the application and that any material misrepresentation or omission will invalidate coverage. This is not a policy of insurance, no coverage is provided without the consent of the underwriters in writing.

This application attaches to and forms a part of the policy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_