



GLOBAL PORTFOLIO PROTECTION PLAN APPLICATION

COMPLETE ALL APPLICABLE FIELDS AND CLICK File > Send File IN THE PDF WINDOW TO EMAIL THE APPLICATION AND ANY ATTACHMENTS TO bis@bankersinsuranceservice.com

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

PHONE

FAX

E-MAIL ADDRESS

CONTACT PERSON

TITLE

COMPANY STRUCTURE

1. YEAR COMPANY WAS ESTABLISHED

2. TYPE OF INSTITUTION

BANK/SAVINGS INSTITUTION

MORTGAGE BANKER

INSURANCE COMPANY

OTHER

3. MAJOR AFFILIATIONS

ABA

ICBA

MBA

OTHER

4. IS COVERAGE UNDER THIS POLICY INTENDED TO APPLY TO ANOTHER SUBSIDIARY OR OTHER RELATED ENTITY? **IF YES, PLEASE ATTACH A LISTING OF ALL ENTITIES TO BE COVERED.**

YES NO

5. DOES THE APPLICANT CONDUCT BUSINESS NOW, OR CONTEMPLATE DOING BUSINESS WITHIN THE NEXT 12 MONTHS WITH:

FREDDIE MAC FANNIE MAE GINNIE MAE

6. DOES THE APPLICANT'S STANDARD MORTGAGE AGREEMENT REQUIRE BORROWERS TO PROCURE AND MAINTAIN COVERAGE IN COMPLIANCE WITH ANY COINSURANCE OR INSURANCE TO VALUE CLAUSES, FOR THE PERILS OF FIRE AND EXTENDED COVERAGE AND, FOR AN AMOUNT NOT LESS THAN THE OUTSTANDING LOAN BALANCE?

YES NO

7. DOES THE APPLICANT REQUIRE BEING NAMED AS MORTGAGEE ON THE MORTGAGOR'S INSURANCE POLICY?

YES NO

8. DOES THE APPLICANT REQUIRE HAZARD POLICIES FOR MORTGAGE PROPERTIES TO BE PROVIDED BY AN INSURER WITH A RATING OF "B" OR BETTER BY A.M. BEST?

YES NO

9. DOES THE APPLICANT USE OUTSOURCING FOR FLOOD DETERMINATION SERVICE?

YES NO

DOES THE APPLICANT USE OUTSOURCING FOR REAL ESTATE TAX SERVICE?

YES NO

DOES THE APPLICANT USE OUTSOURCING FOR HAZARD INSURANCE ESCROW?

YES NO

DOES THE APPLICANT USE OUTSOURCING FOR FORECLOSURE SERVICE?

YES NO

DOES THE APPLICANT USE OUTSOURCING FOR ANYTHING OTHER THAN ABOVE?

YES NO

IF YES, PLEASE SPECIFY

DO YOU REQUIRE PROOF OF ERRORS & OMISSIONS INSURANCE FROM OUTSOURCERS?

YES NO

LOAN SERVICING PORTFOLIO

IF THE APPLICANT SERVICES LOANS DIRECTLY, HAS OTHERS SERVICE FOR THEM, OR IS A SERVICER OR SUBSERVICER FOR OTHERS, COMPLETE THE FOLLOWING:

1. CURRENT ESTIMATED BREAKDOWN OF SERVICING PORTFOLIO AS OF:

NOTE: INCLUDE MASTER SERVICED LOANS AND LOANS THAT ARE SUBSERVICED BY OTHERS WHEN ANSWERING THIS QUESTION.

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT, 1-4 FAMILY INCLUDING MANUFACTURED HOUSING: #

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT, 1-4 FAMILY INCLUDING MANUFACTURED HOUSING: \$

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), 1-4 FAMILY INCLUDING MANUFACTURED HOUSING: #

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), 1-4 FAMILY INCLUDING MANUFACTURED HOUSING: \$

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT
*SECOND MORTGAGES: #

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT
*SECOND MORTGAGES: \$

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), *SECOND MORTGAGES: #

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), *SECOND MORTGAGES: \$

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT
MOBILE HOMES (NOT INCLUDING MANUFACTURED HOUSING): #

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT
MOBILE HOMES (NOT INCLUDING MANUFACTURED HOUSING): \$

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), MOBILE HOMES (NOT INCLUDING MANUFACTURED HOUSING): #

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), MOBILE HOMES (NOT INCLUDING MANUFACTURED HOUSING): \$

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT, COMMERCIAL REAL ESTATE / MULTI-FAMILY: #

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT, COMMERCIAL REAL ESTATE / MULTI-FAMILY: \$

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), COMMERCIAL REAL ESTATE/ MULTI-FAMILY: #

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), COMMERCIAL REAL ESTATE/ MULTI-FAMILY: \$

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT
CONSTRUCTION LOANS: #

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT
CONSTRUCTION LOANS: \$

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), CONSTRUCTION LOANS: #

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), CONSTRUCTION LOANS: \$

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT, OTHER (SPECIFY): #

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT, OTHER (SPECIFY): \$

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), OTHER (SPECIFY): #

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), OTHER (SPECIFY): \$

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT, **TOTAL**: #

MORTGAGES WHOLLY OWNED OR PARTIALLY OWNED BY APPLICANT, **TOTAL**: \$

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), **TOTAL**: #

SERVICED FOR OTHERS (NO MORTGAGE INTEREST), **TOTAL**: \$

* AT LOAN CLOSING, DOES THE APPLICANT REQUIRE EVIDENCE OF MORTGAGOR'S EXISTING INSURANCE POLICY (I.E. CERTIFIED COPY OF INSURANCE POLICY COVERING REQUIRED PERILS SUCH AS FIRE, EXTENDED COVERAGE AND FLOOD PERILS) CONCERNING THE MORTGAGED PROPERTY WHICH SERVES AS COLLATERAL TO THE SECOND MORTGAGE LOAN AND NAMING THE APPLICANT AS "SECOND MORTGAGEE"?

YES NO

2. BASED ON THE NUMBER OF LOANS, PLEASE ESTIMATE PERCENTAGE:

A. THAT ARE SUBSERVICED BY OTHERS %

B. THAT ARE SUBSERVICED BY APPLICANT FOR OTHERS %

C. THAT FORM SECURITY FOR MORTGAGE BACKED SECURITIES &

D. THAT ARE CONDOMINIUM OR PLANNED UNIT DEVELOPMENT LOANS %

E. OF SECOND MORTGAGES THAT APPLICANT ALSO HOLDS THE FIRST MORTGAGE %

F. THAT ARE CONSTRUCTION LOANS %

3. NUMBER OF LOANS WITH A BALANCE IN EXCESS OF \$1,000,000

4. OUTSTANDING BALANCE OF 5 LARGEST LOANS:

5. BASED ON NUMBER OF NON-ESCROWED LOANS, ESTIMATE PERCENTAGE THAT ARE "CHECKED":

A. AT ANNIVERSARY FOR HAZARD, INSURANCE (INCLUDING FLOOD) 1-4 FAMILY %

AT ANNIVERSARY FOR HAZARD, INSURANCE (INCLUDING FLOOD) COMMERCIAL / MULTI-FAMILY %

B. FOR BORROWER'S PAYMENT OF REAL ESTATE TAX 1-4 FAMILY %

FOR BORROWER'S PAYMENT OF REAL ESTATE TAX COMMERCIAL / MULTI-FAMILY %

6. STATE APPROXIMATE PERCENTAGE OF LOANS SUBJECT TO VA, FHA, AND SBA OR MORTGAGE GUARANTEE INSURANCE %

7. STATE APPROXIMATE NUMBER OF LOANS ON WHICH APPLICANT ESCROWS FOR HAZARD INSURANCE:

STATE APPROXIMATE NUMBER OF LOANS ON WHICH APPLICANT ESCROWS FOR REAL ESTATE TAXES:

STATE APPROXIMATE NUMBER OF LOANS ON WHICH APPLICANT ESCROWS FOR LIFE & DISABILITY INSURANCE

8A. DO YOU PROVIDE EMPLOYEES WITH WRITTEN PROCEDURES AND PROPER TRAINING FOR MORTGAGE GUARANTORS REQUIRED NOTICE OF DELINQUENCY?

YES NO

8B. DO YOU PROVIDE EMPLOYEES WITH WRITTEN PROCEDURES AND PROPER TRAINING FOR MORTGAGE GUARANTORS GUIDELINES FOR FORECLOSURE PROCEEDINGS?

YES NO

9. DOES APPLICANT CARRY A "FORCED PLACEMENT" PROGRAM WHICH PROVIDES COVERAGE ON PROPERTY FOR WHICH THE APPLICANT IS AWARE THERE IS NO EXISTING INSURANCE OF THE TYPE THAT IS REQUIRED IN THE MORTGAGE CONTRACT?

YES NO

IF YES, INDICATE INSURANCE CARRIER

10. APPROXIMATE VALUE OF ALL LOANS SHOWN IN QUESTION 1, BOTH WHOLLY OWNED OR PARTIALLY OWNED AND SERVICED FOR OTHERS, THAT ARE LOCATED IN:

CALIFORNIA \$ CALIFORNIA % REQUIRING EARTHQUAKE INSURANCE

ALABAMA \$ ALABAMA % FIRST TIER* COUNTIES

FLORIDA \$ FLORIDA % FIRST TIER* COUNTIES

GEORGIA \$ GEORGIA % FIRST TIER* COUNTIES

LOUISIANA \$ LOUISIANA % FIRST TIER* COUNTIES

MISSISSIPPI \$ MISSISSIPPI % FIRST TIER* COUNTIES

NORTH CAROLINA \$ NORTH CAROLINA % FIRST TIER* COUNTIES

SOUTH CAROLINA \$ SOUTH CAROLINA % FIRST TIER* COUNTIES

TEXAS \$ TEXAS % FIRST TIER* COUNTIES

***FIRST TIER COUNTIES**

AL: BALDWIN, MOBILE

FL: BAY, BREVARD, BROWARD, CHARLOTTE, CITRUS, COLLIER, DADE, DIXIE, DUVAL, ESCAMBIA, FLAGLER, FRANKLIN, GULF, HERNANDO, HILLSBOROUGH, INDIAN RIVER, JEFFERSON, LEE, LEVY, MANATEE, MARTIN, MONROE, NASSAU, OKALOOSA, PALM BEACH, PASCO, PINELLAS, ST. JOHNS, ST. LUCIE, SANTA ROSA, SARASOTA, TAYLOR, VOLUSIA, WAKULLA, WALTON

GA: BRYAN, CAMDEN, CHATHAM, GLYNN, LIBERTY, MCINTOSH

LA: CAMERON, IBERIA, JEFFERSON, LAFOURCHE, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. MARY, ST. TAMMANY, TERREBONE, VERMILLION

MS: HANCOCK, HARRISON, JACKSON

NC: BEAUFORT, BERTIE, BRUNSWICK, CAMDEN, CARTERET, CHOWAN, CRAVEN, CURRITUCK, DARE, HYDE, NEW HANOVER, ONSLOW, PAMLICO, PASQUOTANK, PENDER, PERQUIMANS, TYRRELL, WASHINGTON

SC: BEAUFORT, CHARLESTON, COLLETON, GEORGETOWN, HARRY

TX: ARANSAS, BRAZORIA, CALHOUN, CAMERON, CHAMBERS, GALVESTON, JEFFERSON, KENEDY, KLEBERG, MATAGORDA, NUECES, REFUGIO, SAN PATRICIO, WILLACY

NON-REQUIRED PERIL GEOGRAPHICAL BREAKDOWN OF LOANS

NOTE: COMPLETE IF YOU HAVE AN EXPOSURE FROM: LOANS THAT DEFAULT AS A RESULT OF DAMAGE FROM NON-REQUIRED PERILS SUCH AS EARTHQUAKE, MUD SLIDE, SUBSIDENCE, TIDAL WAVE, VOLCANO, AVALANCHE, FLOOD (IN EXCESS OF REQUIRED LIMITS), ETC.

IF NO EXPOSURE EXISTS, CHECK HERE ____ AND PROCEED TO THE NEXT PAGE.

COMPLETE THE FOLLOWING ONLY AS RESPECTS THOSE LOANS FOR WHICH COVERAGE SHOULD APPLY. LOANS TO BE CONSIDERED INCLUDE OWNED LOANS, LOANS SOLD WITH RECOURSE, LOANS CLOSED BUT NOT YET SOLD, SECURITIZED LOANS, ETC. (DO NOT INCLUDE STANDARD FANNIE MAE OR FREDDIE MAC LOANS.)

*TOTAL NUMBER OF MORTGAGES TO BE INSURED: #

*TOTAL VALUE OF MORTGAGES TO BE INSURED: \$

LIST APPROXIMATE % OF TOTAL LOAN VALUE OF ABOVE THAT ARE OWNED LOANS: %

LIST APPROXIMATE % OF TOTAL LOAN VALUE OF ABOVE THAT ARE LOANS SOLD WITH RECOURSE: %

LIST APPROXIMATE % OF TOTAL LOAN VALUE OF ABOVE THAT ARE SECURITIZED LOANS: (i.e. "Ginnie Mae") %

LIST APPROXIMATE % OF TOTAL LOAN VALUE OF ABOVE THAT ARE ALL OTHER (DESCRIBE): (i.e. "Pipeline" / "warehouse") %

***GEOGRAPHIC SPREAD OF MORTGAGES NUMBERED AND VALUED ABOVE:**

1. AL, FL, LA, MS, TX: #

AL, FL, LA, MS, TX: \$

% FIRST TIER* COUNTIES:

2. GA, NC, SC: #

GA, NC, SC: \$

% FIRST TIER* COUNTIES:

*SEE PAGE 3 OF APPLICATION FOR LISTING OF FIRST TIER COUNTIES

3. HAWAII, ALASKA, PUERTO RICO, VIRGIN ISLANDS AND GUAM: #

HAWAII, ALASKA, PUERTO RICO, VIRGIN ISLANDS AND GUAM: \$

4. CALIFORNIA: (BY COUNTY AND / OR AS INDICATED BELOW)

ZONE A - CITY OF SAN FRANCISCO, SAN MATEO, ALAMEDA, CONTRA COSTA, DEL NORTE, HUMBOLDT, MENDOCINO, LAKE, SONOMA, NAPA, SOLANO, MARIN, SANTA CLARA, SANTA CRUZ, SAN BENITO, AND MONTEREY: #

ZONE B - CITY OF LOS ANGELES, REMAINDER OF LOS ANGELES AND ORANGE COUNTY: #

ZONE C - SAN LUIS OBISPO, KERN, SANTA BARBARA, AND VENTURA: #

ZONE D - SAN DIEGO: #

ZONE E - ALPINE, MONO, INYO, SAN BERNARDINO, RIVERSIDE, AND IMPERIAL: #

ZONE F - TULARE, KINGS, FRESNO, MADERA, MARIPOSA, AND MERCED: #

ZONE G - TUOLUMNE, STANISLAUS, SAN JOAQUIN, CALAVERAS, AMADOR, SACRAMENTO, EL DORADO, PLACER, NEVADA, YUBA, SUTTER, BUTTE, GLENN, COLUSA, AND YOLO: #

ZONE H - SIERRA, PLUMAS, LASSEN, MODOC, SISKIYOU, SHASTA, TRINITY, AND TEHAMA: #

5. OREGON: #

6. WASHINGTON: #

7. ARKANSAS, KENTUCKY, MISSOURI, TENNESSEE: #

CALIFORNIA: (BY COUNTY AND / OR AS INDICATED BELOW)

ZONE A - CITY OF SAN FRANCISCO, SAN MATEO, ALAMEDA, CONTRA COSTA, DEL NORTE, HUMBOLDT, MENDOCINO, LAKE, SONOMA, NAPA, SOLANO, MARIN, SANTA CLARA, SANTA CRUZ, SAN BENITO, AND MONTEREY: \$

ZONE B - CITY OF LOS ANGELES, REMAINDER OF LOS ANGELES AND ORANGE COUNTY: \$

ZONE C - SAN LUIS OBISPO, KERN, SANTA BARBARA, AND VENTURA: \$

ZONE D - SAN DIEGO: \$

ZONE E - ALPINE, MONO, INYO, SAN BERNARDINO, RIVERSIDE, AND IMPERIAL: \$

ZONE F - TULARE, KINGS, FRESNO, MADERA, MARIPOSA, AND MERCED: \$

ZONE G - TUOLUMNE, STANISLAUS, SAN JOAQUIN, CALAVERAS, AMADOR, SACRAMENTO, EL DORADO, PLACER, NEVADA, YUBA, SUTTER, BUTTE, GLENN, COLUSA, AND YOLO: \$

ZONE H - SIERRA, PLUMAS, LASSEN, MODOC, SISKIYOU, SHASTA, TRINITY, AND TEHAMA: \$

OREGON: \$

WASHINGTON: \$

ARKANSAS, KENTUCKY, MISSOURI, TENNESSEE: \$

8. REMAINDER OF COUNTRY: #

REMAINDER OF COUNTRY: \$

DOCUMENT CUSTODIAL SERVICES ACTIVITY (E & O COVERAGE)

REQUIRED BY FANNIE MAE, FREDDIE MAC & GINNIE MAE. IF NOT APPLICABLE CHECK BELOW AND PROCEED TO NEXT SECTION.

A. DOES THE APPLICANT HAVE A DEPARTMENT OR SUBSIDIARY WHICH PERFORMS CUSTODIAN SERVICES (VERIFICATION, CERTIFICATION, CUSTODY AND MAINTENANCE) OF SETS OF MORTGAGE LOAN DOCUMENTS FOR FANNIE MAE, FREDDIE MAC, OR GINNIE MAE?

YES NO

DOES THE APPLICANT HAVE A DEPARTMENT OR SUBSIDIARY WHICH PERFORMS CUSTODIAN SERVICES (VERIFICATION, CERTIFICATION, CUSTODY AND MAINTENANCE) OF SETS OF MORTGAGE LOAN DOCUMENTS FOR ANY OTHER ENTITY?

YES NO

IF YES, ESTIMATED NUMBER OF SETS OF MORTGAGE LOAN DOCUMENTS THAT ARE CURRENTLY HELD IN SUCH A CUSTODIAN CAPACITY: #

TRUST PROPERTIES ERRORS AND OMISSIONS COVERAGE

TRUST PROPERTIES, FOR THE PURPOSE OF THIS EXTENSION, ARE CONSIDERED TO BE PROPERTIES (1) WHICH ARE NOT THE SUBJECT OF A MORTGAGE OR (2) ON WHICH A MORTGAGE IS HELD BY OTHER THAN THE APPLICANT.

DOES THE APPLICANT DESIRE COVERAGE FOR TRUST PROPERTIES? (IF NO, PROCEED TO THE NEXT SECTION.)

YES NO

IF YES, PROVIDE THE NUMBER OF PROPERTIES IN YOUR TRUST PROPERTY PORTFOLIO AS OF #

FORECLOSURE ACTIVITY

1. FORECLOSED PROPERTIES:
NUMBER OF FORECLOSURES DURING THE PAST 12 MONTHS: #

VALUE OF FORECLOSURES DURING THE PAST 12 MONTHS: \$

AVERAGE TIME OWNED UNTIL PROPERTY IS SOLD:

DELINQUENCY SERVICING RATIOS AS OF:

30 – 59 DAYS %:

60 – 90 DAYS %:

OVER 90 DAYS %:

REOS OR IN FORECLOSURE %:

PERCENTAGE DWELLINGS (1-4 UNITS) %

VACANT DWELLINGS (1-4 UNITS) %

PERCENTAGE MULTI-FAMILY (OVER 4 UNITS) %

VACANT MULTI-FAMILY (OVER 4 UNITS) %

PERCENTAGE MERCANTILE %

VACANT MERCANTILE %

PERCENTAGE MANUFACTURING %

VACANT MANUFACTURING %

2. DO YOU USE A PROPERTY MANAGER?

IF YES, PLEASE PROVIDE NAME OF COMPANY:

YES NO

IF YES, DO YOU REQUIRE ERRORS & OMISSIONS COVERAGE?

IF NOT, WHO IS IN CHARGE OF FORECLOSED PROPERTY?

YES NO

3. IN THE EVENT OF FORECLOSURE, WHAT STEPS (IF ANY) DOES LENDER TAKE TO AVOID VACANCY?

4. IF PROPERTY IS VACANT, ARE THE FOLLOWING ACTIONS TAKEN TO PROTECT YOUR INTEREST:

A. PROPERTY SECURED AGAINST ENTRY?

YES NO

B. HEAT MAINTAINED OR WATER DISCONNECTED AND SYSTEM DRAINED?

YES NO

C. ENSURE PREVIOUS OWNER HAS NO ACCESS?

YES NO

D. PROPERTY INSPECTED:

WEEKLY BI-MONTHLY MONTHLY

5. NUMBER OF PROPERTIES FORCE-PLACED DURING THE LAST 12 MONTHS:

VALUE OF PROPERTIES FORCE-PLACED DURING THE LAST 12 MONTHS:

LOSS HISTORY— ALL SECTIONS

1. HAS THE APPLICANT HAD ANY LOSSES IN THE PAST 5 YEARS OR IS THE APPLICANT AWARE OF ANY INCIDENT THAT MAY GIVE RISE TO A LOSS UNDER ANY MORTGAGE IMPAIRMENT OR MORTGAGEE'S E & O PROGRAM?

YES NO

2. HAS THE APPLICANT HAD ANY FORCE PLACED OR REAL ESTATE OWNED PROPERTY AND / OR LIABILITY LOSSES IN THE PAST 5 YEARS OR IS THE APPLICANT AWARE OF ANY INCIDENT THAT MAY GIVE RISE TO SUCH A LOSS?

YES NO

FOR "YES" ANSWERS, PLEASE PROVIDE COMPLETE DETAILS BELOW OR ATTACH ACTUAL PRIOR CARRIER LOSS RUNS:

<u>LOSS DATE</u>	<u>TYPE OF LOSS / DETAILS</u>	<u>AMOUNT OF LOSS</u>
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EXISTING COVERAGE

1. MORTGAGE IMPAIRMENT / MORTGAGEE'S E&O PROGRAM: CARRIER

YES NO

LIMIT OF LIABILITY DEDUCTIBLE

POLICY PERIOD PREMIUM

2. FORCE PLACED PROPERTY PROGRAM: FORCE PLACED FLOOD PROGRAM:

YES NO YES NO

CARRIER CARRIER

RESIDENTIAL PROP/ LIAB RATE PER \$100 COMMERCIAL PROP/ LIAB RATE PER \$100

RESIDENTIAL LIMIT COMMERCIAL LIMIT

RESIDENTIAL DEDUCTIBLE COMMERCIAL DEDUCTIBLE

3. FORECLOSED / REAL ESTATE OWNED (REO) PROGRAM:

YES NO

PROPERTY CARRIER

LIABILITY CARRIER (IF DIFFERENT)

RATE PER \$100

RATE PER \$100

RESIDENTIAL LIMIT

COMMERCIAL LIMIT

RESIDENTIAL DEDUCTIBLE

COMMERCIAL DEDUCTIBLE

4. HAS THE APPLICANT BEEN CANCELLED OR REFUSED INSURANCE FOR ANY COVERAGE BEING APPLIED FOR?

YES NO

IF YES, STATE CIRCUMSTANCES:

COVERAGE DESIRED

SECTION I – PORTFOLIO PROPERTY COVERAGES

Insuring Agreement 1
(1) Direct Physical Loss or Damage - **LIMIT**

Insuring Agreement 1
(1) Direct Physical Loss or Damage - **DEDUCTIBLE**

Insuring Agreement 2
(1) Force Placed Property and Real Estate Owned Property (Residential) - **LIMIT**

Insuring Agreement 2
(1) Force Placed Property and Real Estate Owned Property (Residential) - **DEDUCTIBLE**

Insuring Agreement 2
(1) Force Placed Property and Real Estate Owned Property (Commercial) - **LIMIT**

Insuring Agreement 2
(1) Force Placed Property and Real Estate Owned Property (Commercial) - **DEDUCTIBLE**

Insuring Agreement 2
(2) Force Placed Flood (Residential) - **LIMIT**

Insuring Agreement 2
(2) Force Placed Flood (Residential) - **DEDUCTIBLE**

Insuring Agreement 2
(2) Force Placed Flood (Commercial) - **LIMIT**

Insuring Agreement 2
(2) Force Placed Flood (Commercial) -
DEDUCTIBLE

Insuring Agreement 3
Pollution Clean-Up and Removal: Maximum Limit of \$25,000 Per Loss w/ \$100,000 Ann. Aggregate \$2500 each loss

SECTION II – REAL ESTATE OWNED PREMISES LIABILITY
\$ 1,000,000 PER OCC. / \$ 2,000,000 AGGREGATE PER LOCATION

SECTION III –
MORTGAGEE’S LIABILITY INSURANCE - **LIMIT**

SECTION III –
MORTGAGEE’S LIABILITY INSURANCE -
DEDUCTIBLE

DECLARATION

I HEREBY CERTIFY THAT I AM AUTHORIZED BY THE PROSPECTIVE NAMED INSURED TO COMPLETE THIS APPLICATION AND THAT THESE ANSWERS, STATEMENTS, AND PARTICULARS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AGREE THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY OR CERTIFICATE MAY BE ISSUED HOWEVER, IT DOES NOT CONSTITUTE A BINDER OR OBLIGATE THE UNDERWRITERS IN ANY WAY TO PROVIDE SUCH A POLICY AND / OR CERTIFICATE.

PRINT NAME

SIGNATURE OF OFFICER

TITLE OF OFFICER

DATE

CHECK IF COVERAGE NOT APPLICABLE

FORCE PLACED INSURANCE -- SUPPLEMENTAL APPLICATION

INSTRUCTIONS: QUESTIONS CONTAINED WITHIN THIS SUPPLEMENT ONLY NEED TO BE ANSWERED IF THE APPLICANT CONDUCTS SUCH ACTIVITY.

NAME OF APPLICANT

CITY

STATE

1) DOES APPLICANT HAVE AN EXISTING FORCE PLACED PROGRAM?

YES NO

IF YES, PLEASE PROVIDE INFORMATION IN THE BLANKS BELOW

CARRIER:

POLICY PERIOD:

LIMITED LIABILITY:

DEDUCTIBLES:

ANNUAL PREMIUM:

WAS COVERAGE CANCELED OR
NONRENEWED?

YES NO

IF YES, EXPLAIN:

2) CURRENT FORCE PLACED PROGRAM:

**A) ATTACH A COPY OF YOUR CURRENT PROPERTY IN FORCE LISTING, OR BILLING, SHOWING
PROPERTY LOCATION, DESCRIPTION, AND AMOUNT OF INSURANCE.**

B) DO YOU HAVE PROPERTIES IN A DETERIORATED CONDITION?

YES NO

IF YES, PLEASE DESCRIBE

C) DO YOU HAVE ANY PROPERTIES WITH UNREPAIRED FIRE OR VANDALISM DAMAGE?

YES NO

IF YES, PLEASE DESCRIBE

3) PROPERTY COVERAGES DESIRED:

RESIDENTIAL 1-4 UNITS (check one) DEDUCTIBLES:

\$250/500 V&MM	\$500	\$1,000	\$2,500
\$5,000			

COMMERCIAL (check one) DEDUCTIBLES:

\$500/1,000 V&MM	\$1,000
\$1,000/2,500 V&MM	\$1,000/2,500 WIND/\$5,000 V&MM
\$2,500	\$5,000
OTHER	

MOBILE HOME DEDUCTIBLE: \$500

FLOOD COVERAGE:

YES NO

SYSTEM OPTIONS: (SELECT ONLY ONE)

REPORT SORT:

- | | | |
|---------------------------------------|--|--|
| <input type="radio"/> INTERNET | <input type="radio"/> PC (Submit Order Form) | <input type="radio"/> ALPHA (BY BORROWER'S NAME) |
| <input type="radio"/> MANUAL | <input type="radio"/> DATA EXCHANGE | <input type="radio"/> NUMERIC (BY LOAN#) |
| <input type="radio"/> FULL AUTOMATION | | |

ADDITIONAL REPORT OPTIONS: (SELECT ANY THAT ARE NEEDED)

DATA MAILER NOTICES OF FORCE PLACEMENT

ESCROW TICKETS WITH BILLING

APPLICABLE TO ALL COMPLETED SECTIONS OF THIS SUPPLEMENT LENDER (APPLICANT) AGREES TO MAINTAIN ACCURATE BOOKS AND RECORDS FOR THE PURPOSE OF ESTABLISHING THE EFFECTIVE DATE COVERAGE FOR ANY PROPERTY TO BE COVERED UNDER THIS POLICY AND TO PERMIT ACCESS TO SUCH RECORDS BY ANY REPRESENTATIVE OF THE COMPANY OR INSURANCE CARRIER(S). THE LENDER HEREBY DECLARES THAT THE FACTS STATED IN THE ABOVE APPLICATION ARE TRUE AND REQUESTS THE COMPANY TO ISSUE THE INSURANCE AND ANY RENEWALS THEREOF IN RELIANCE THEREON.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY COMPANY OR ANY OF ITS PRESENT OR PAST DIRECTORS, OFFICERS OR ANY EMPLOYEES UNDER THIS PROPOSED INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION.

IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THIS PROPOSED INSURANCE.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT WARRANTS AFTER INQUIRY THAT TO THE BEST OF HIS KNOWLEDGE THE STATEMENTS SET FORTH IN THIS APPLICATION, AND THE MATERIALS SUBMITTED THEREWITH ARE TRUE, AND IT IS AGREED THAT THE APPLICATION FORM AND ALL MATERIALS SUBMITTED WITH THE APPLICATION FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND THE APPLICATION FORM INCLUDING ALL ATTACHMENTS WILL BE ATTACHED TO AND MADE PART OF THE POLICY.

SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE.

IT IS AGREED THAT IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS HEREIN PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITERS AND ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN. IN ADDITION, NO INFORMATION PROVIDED BY THIS APPLICATION OR ALONG WITH THIS APPLICATION SHALL BE DEEMED TO REPORT A CLAIM SUCH NOTICE SHOULD BE MADE AS INSTRUCTED BY THE POLICY

SIGNATURE

TITLE

(MUST BE SIGNED BY CHAIRMAN OF THE BOARD OR PRESIDENT)

APPLICANT COMPANY NAME

MONTH, DAY & YEAR SIGNED