

REAL ESTATE APPLICATION FOR BLANKET AND LENDER-PLACED SOLUTIONS

LENDER INFORMATION			
Lender Name:			
Contact Name:		Title:	
Street Address:			
City:		State:	Zip:
Phone:		Email:	

PORTFOLIO CHARACTERISTICS (OWNED)	RESIDENTIAL	2NDS/EQUITIES	COMMERCIAL
# of Owned Loans in Portfolio			
Outstanding Balance for Owned Loans			
# of Average Monthly Originations			
Percentage Escrowed	%	%	%
# of Flood Properties in Portfolio			
Equities in the First Position	N/A	%	N/A

PORTFOLIO CHARACTERISTICS (SERVICED)	RESIDENTIAL	2NDS/EQUITIES	COMMERCIAL
# of Loans Serviced By Applicant for Others			
Outstanding Dollars for Loans Serviced By Applicant for Others			
# of Average Monthly Originations			
# of Loans Serviced By Others for Applicant			
Outstanding Dollars for Loans Serviced By Others for Applicant			
Percentage Escrowed	%	%	%
# of Flood Properties in Portfolio			

OTHER PROPERTY TYPES	CONDOS/CO-OPS	BUILDERS RISK (INCLUDED WITHIN YOUR TOTALS ABOVE)	MOBILE HOMES (INCLUDED WITHIN YOUR TOTALS ABOVE)
# of Loans in Portfolio			
Outstanding Balance			

LENDER-PLACED HAZARD	RESIDENTIAL	COMMERCIAL
What company issues your current master policies?		
# of active Hazard policies/certificates		
What is the total insured value of all lender-placed policies/certificates?		
What is the current rate per \$100 of coverage?		
What is your estimated annual premium generated from the current program?		
What are your current deductibles?		

LENDER-PLACED FLOOD	RESIDENTIAL	COMMERCIAL
What company issues your current master policies?		
# of active Flood policies/certificates		
What is the total insured value of all lender-placed policies/certificates		

PLEASE PROVIDE ANY OF THE FOLLOWING INFORMATION IF AVAILABLE:
<input type="checkbox"/> Current Lender-Placed Master Policies (Hazard and Flood)
<input type="checkbox"/> Schedule of Current Lender-Placed Properties
<input type="checkbox"/> Five (5) Year Loss History from Current Carrier

GENERAL RISK MANAGEMENT	RESIDENTIAL	COMMERCIAL
Is your insurance tracking currently outsourced?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what company is currently monitoring your portfolio?		
What is your 90-Day past due delinquency rate for mortgage loans?	%	%
Do you provide lending in coastal areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what are your total outstanding loan balances in coastal areas?		

Details of insurance losses on all mortgaged and foreclosed properties during the past five (5) years:

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama & Maryland Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person.

Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Indiana Fraud Statement: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia and Washington Fraud Statement: 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, or denial of insurance benefits.

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

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

ACKNOWLEDGMENT	
I understand that the policy will be issued in reliance upon the authority contained therein. I state that all information is accurate to the best of my ability and belief	
Signature _____	Date _____
Printed Name _____	Title _____