



# Mortgage Protection Insurance Application

## Financial Institution Information

Institution Name:

Address:

City:  State:  Zip Code:

Contact Name:  Title:

Email:  Phone #:  Fax #:

## Optional Coverage/Endorsements

Optional coverage / endorsements available upon underwriter approval

<input type="checkbox"/> Backup Sewage/Sump Pump Failure	<input type="checkbox"/> Demolition Expense	<input type="checkbox"/> Freeze Leakage REO	<input type="checkbox"/> Mine Subsidence
<input type="checkbox"/> Builder's Risk	<input type="checkbox"/> Earthquake	<input type="checkbox"/> General Liability	<input type="checkbox"/> Terrorism
<input type="checkbox"/> Business Personal Property	<input type="checkbox"/> Flood, in SFHA	<input type="checkbox"/> Loss of Rents	<input type="checkbox"/> Theft of Property
<input type="checkbox"/> Commercial - Broad	<input type="checkbox"/> Flood, non-SFHA	<input type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Condominium	<input type="checkbox"/> Flood Commercial Contents	<input type="checkbox"/> Pollution Extraction	

## Financial Institution Portfolio Information

Additional information may be required for the underwriting process

	Portfolio Loans		Served Loans	
	Count (#)	Dollars (\$)	Count (#)	Dollars (\$)
Residential 1st Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Equity Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consumer / 2nd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
REO Residential	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
REO Commercial	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please select the following loans of which you are seller/servicer:  Fannie Mae  Freddie Mac  SBA

Do you provide lending in coastal states?  Yes  No

Name of current insurance provider:

Was your program non-renewed or cancelled by your previous carrier?  Yes  No

Name of mortgage servicing system:

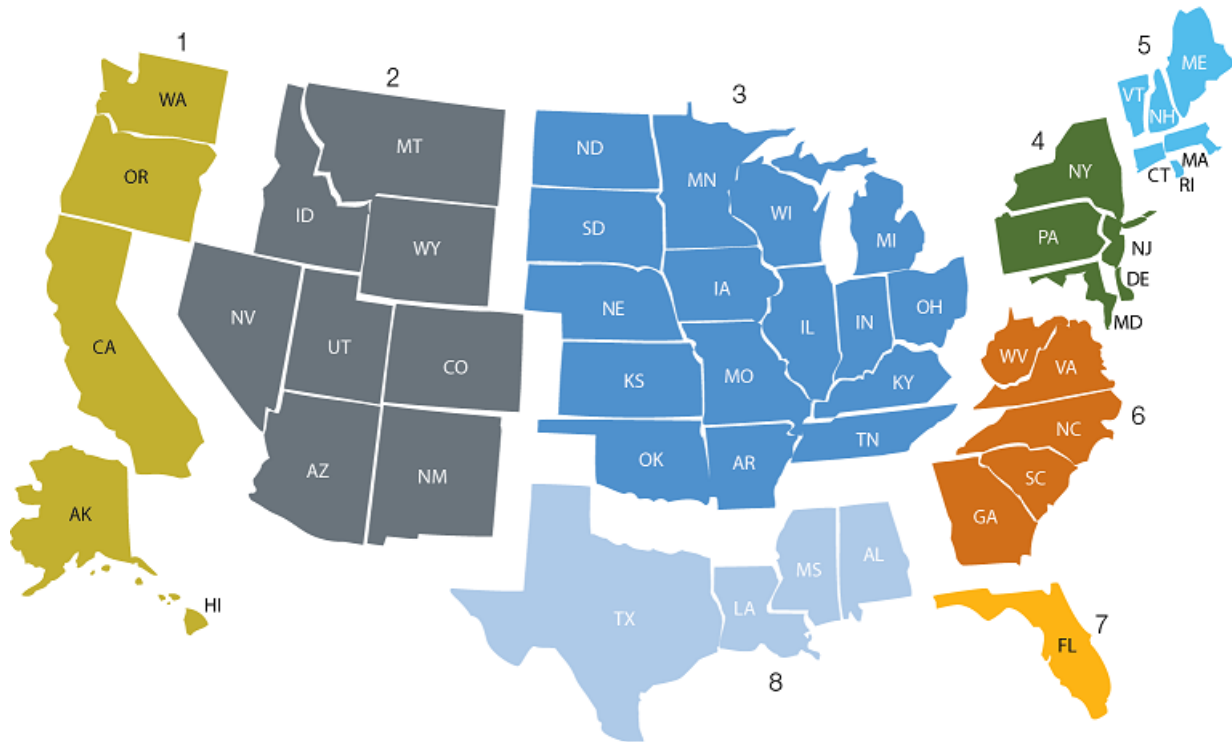
Is insurance tracked internally or outsourced to a third party?  Yes  No

## Historical Premium and Loss Information

	Losses			Premium
	Count (#)	Dollars (\$)		Dollars (\$)
YTD	<input type="text"/>	<input type="text"/>	YTD	<input type="text"/>
Last Year	<input type="text"/>	<input type="text"/>	Last Year	<input type="text"/>
Prior Year	<input type="text"/>	<input type="text"/>	Prior Year	<input type="text"/>

## DISTRIBUTION OF COLLATERAL

In regards to applicant's overall portfolio, please indicate by percentage of total loan count, in the following regions:



Region #	Region Name	States Included in Region	% of Total Loan Count
1	Pacific	AK, CA, HI, OR, WA	
2	Mountain	AZ, CO, ID, MT, NM, NV, UT, WY	
3	Central	AR, KS, KY, IA, IL, IN, MI, MN, OH, ND, NE, OK, SD, TN, WI	
4	Mid-Atlantic	DE, MD, NJ, NY, PA	
5	New England	CT, MA, ME, NH, RI, VT	
6	South Atlantic	GA, NC, SC, VA, WV	
7	Florida	FL	
8	Gulf Coast	AL, LA, MS, TX	

## Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or another person, who 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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

## Application Declaration

Applicant(s) declare to the best of their knowledge, the statements and documents submitted herewith are true, accurate and complete. Applicant(s) agree that if any information supplied herein changes between the date of this application and the effective date of the insurance, Applicant(s) will notify the Company as soon as practicable and the Company may modify any quotations or agreements to provide insurance.

Authorized Client Signature

Signature Date

Please note: Mortgage Protection Insurance Application is not a binder. Coverage will not be considered bound unless written confirmation is provided by insuring company.