



Resource Insurance Services
 1720 S. Edmonds Ln., LB-2
 Lewisville, TX 75067
 Phone (877) 219-7195
 Fax (972) 219-9094
 EMAIL:insurance@resourceinsurancesvs.com

LENDER PLACED COVERAGE REQUEST FORM FOR REAL ESTATE AND VEHICLES

LOAN NUMBER: _____

LENDER NUMBER: _____

BORROWER NAME AND MAILING ADDRESS

LENDER / NAMED INSURED

Requested Effective Date
(No more than 30 days in arrears, with no known losses)

\$
Amount of Coverage Requested
*Cannot exceed master certificate limit without additional underwriting.
 Please indicate if placing for INSUFFICIENT Insurance - Yes or No*

Property Address (if different from mailing)

OR Vehicle Description (Year, Make, Model, and VIN)

TYPE OF COLLATERAL
(Please check one)

Residential Property (1-4 units)

Commercial Property (5+ units)

Mobile Home (W/Land)

Mobile Home (W/Out Land)

Condo

Land Only

Equipment (Non-Motorized)

Vehicle/Boat

Occupancy Status
(For Real Estate Only)

Owner Occupied

Tenant Occupied

Vacant

Under Construction

REO Property
Policy Term Options:

Annual

Monthly

3 Months

6 Months

COVERAGE REQUESTED
(Coverage must be available under Master Policy)

Hazard (Fire and Wind)
 FIRE WIND

Hazard W/LIABILITY (REO property, etc.)

Liability ONLY (Vacant Land ONLY)

Equipment (Business Personal Property)

Collateral Protection (Vehicles, MH w/out land)

Flood Coverage (**MUST enter FLOOD info below**)

SFHA Zone: _____

Participating Non-Participating
 CBRA CHRA

CANCELLATION REQUEST

Cancel the above referenced coverage effective: _____ **

(Must attach a copy of the Replacement Policy, Pay Off Documentation or Waiver of Insurance Requirements**)**

Comments: _____
