

1. APPLICANT INFORMATION

Name of Applicant: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Contact Person: _____
 Phone: _____ Email: _____
 Proposed Effective Date: _____

2. PORTFOLIO INFORMATION

	Number of Properties Escrow Non-Escrow	Total Value of Properties	Highest Value Loan
Residential Mortgage	_____ _____	\$ _____	\$ _____
Commercial Mortgage	_____ _____	\$ _____	\$ _____
Mobile Home	_____ _____	\$ _____	\$ _____
Condominiums	_____ _____	\$ _____	\$ _____
Business Personal Property	_____ _____	\$ _____	\$ _____
Builder's Risk / Construction	_____ _____	\$ _____	\$ _____
Second Mortgages	_____ _____	\$ _____	\$ _____
Home Equity Lines of Credit	_____ _____	\$ _____	\$ _____
Residential REO	_____ _____	\$ _____	\$ _____
Commercial REO	_____ _____	\$ _____	\$ _____

3. DISTRIBUTION BY STATE

Please provide the number of in-force loans per state. A spreadsheet including property type, state, ZIP and balance is preferred.

Alabama: _____ Idaho: _____ Minnesota: _____ North Dakota: _____ Vermont: _____
 Alaska: _____ Illinois: _____ Mississippi: _____ Ohio: _____ Virginia: _____
 Arizona: _____ Indiana: _____ Missouri: _____ Oklahoma: _____ Washington: _____
 Arkansas: _____ Iowa: _____ Montana: _____ Oregon: _____ West Virginia: _____
 California: _____ Kansas: _____ Nebraska: _____ Pennsylvania: _____ Wisconsin: _____
 Colorado: _____ Kentucky: _____ Nevada: _____ Rhode Island: _____ Wyoming: _____
 Connecticut: _____ Louisiana: _____ New Hampshire: _____ South Carolina: _____ Washington, D.C.: _____
 Delaware: _____ Maine: _____ New Jersey: _____ South Dakota: _____ Other (specify below): _____
 Florida: _____ Maryland: _____ New Mexico: _____ Tennessee: _____
 Georgia: _____ Massachusetts: _____ New York: _____ Texas: _____
 Hawaii: _____ Michigan: _____ North Carolina: _____ Utah: _____



4. DEDUCTIBLES REQUESTED

	Wind/Hail	Vandalism	Other Perils
Residential	\$ _____	\$ _____	\$ _____
Commercial—Occupied	\$ _____	\$ _____	\$ _____
Commercial—Vacant	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____

Do you service Fannie Mae / Freddie Mac loans? Yes No Percentage of Fannie Mae / Freddie Mac loans: _____ %

Do you follow Fannie Mae / Freddie Mac guidelines? Yes No

5. LIMITS REQUESTED

Residential: \$ _____ Commercial: \$ _____

6. OPERATIONS / RISK MANAGEMENT

Number of foreclosures in the last 12 months: _____

Are inspections performed? Yes No Frequency: _____

Do you utilize Property Managers? Yes No

Is wind pool coverage maintained? Yes No

Number of indirect loans: _____

Number of loans serviced for others: _____

Do you have loans for any of the following?

a. Churches Yes No

b. Logging operations Yes No

Any Coastal Wind Exposures? Yes No If yes, please describe:

7. LOAN MONITORING AND TRACKING

Do you currently monitor/track your loans for insurance status? Yes No

If yes, how are they monitored? In-house Outsourced

If in-house tracking:

a. What software do you use to monitor these loans? _____

b. Do you send borrower letters for cancelled/expired insurance? Yes No

c. Do you charge the borrowers a policy fee? Yes No

d. Are you able to report each collateral on a loan in a separate record? Yes No

e. Are you able to produce a file of the insurance information for the initial import into our system? Yes No

If outsourced tracking:

- a. What company is currently monitoring your insurance? _____
- b. What is your current tracking fee? \$ _____
- c. What is your current loan servicing platform? _____
- d. Are you satisfied with your current vendor? Yes No

Describe any specialized tracking services.

8. HISTORICAL PREMIUM AND LOSS INFORMATION

Note: Please attach available experience reports and policy forms.

Prior Carrier: _____
 Prior Coverage: _____
 Prior Rate: _____
 Prior Deductibles: \$ _____
 Annual Premium (last 3 years): \$ _____

Claims History	Number of Claims	Amount Paid	Number of Open Claims
Year to Date	\$	\$	\$
Prior Year	\$	\$	\$
Prior Two Years	\$	\$	\$

Was prior coverage cancelled/non-renewed? Yes No If yes, please describe:

STATUTORY FRAUD WARNING NOTICES

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to the settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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 statement is guilty of a felony of the third degree.



KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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: 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 a denial of insurance benefits.

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

NEW MEXICO: 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 civil fines and criminal penalties.

NEW YORK: 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 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 violation.

OHIO: 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.

PENNSYLVANIA: 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 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 subject to criminal and civil penalties.

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

THE UNDERSIGNED OFFICER DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE, THE STATEMENTS INCLUDED HEREIN AND ANY DOCUMENTS SUBMITTED HERewith ARE TRUE, ACCURATE AND COMPLETE. THE UNDERSIGNED FURTHER AGREES THAT IF ANY INFORMATION SUPPLIED HEREIN OR IN CONNECTION WITH THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL NOTIFY THE COMPANY AS SOON AS PRACTICABLE AND THE COMPANY MAY MODIFY ANY QUOTATIONS OR AGREEMENTS TO PROVIDE INSURANCE. ANY INTENTIONAL MISREPRESENTATION, CONCEALMENT OR OMISSION OF A MATERIAL FACT SHALL BE GROUNDS FOR CANCELLATION, WITHDRAWAL OR DENIAL OF INSURANCE COVERAGE PROVIDED.

Authorized Signature

Date

Printed Name: _____

Title: _____

Please email this completed form to Gina Worthington at gina.worthington@usrisk.com.