

GLOBAL PORTFOLIO PROTECTION PROGRAM



PRIMARY APPLICATION

SUBMIT TO:



**Financial & Professional
Risk Solutions, Inc.**

4 West Main Street, Suite 600
Springfield, OH 45502
800-833-5912
Fax: 937-323-0787

Bankers Insurance Service

fINSURMARK

SCARBOROUGH

5. BASED ON NUMBER OF NON-ESCROWED LOANS, ESTIMATE PERCENTAGE THAT ARE "CHECKED":
- A) AT ANNIVERSARY FOR HAZARD INSURANCE (INCLUDING FLOOD): _____% 1 - 4 FAMILY _____% COMMERCIAL/MULTI-FAMILY
- B) FOR BORROWER'S PAYMENT OF REAL ESTATE TAX: _____% 1 - 4 FAMILY _____% 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 _____ REAL ESTATE TAXES _____ LIFE & DISABILITY INSURANCE _____
8. DO YOU PROVIDE EMPLOYEES WITH WRITTEN PROCEDURES AND PROPER TRAINING FOR:
- A) MORTGAGE GUARANTORS REQUIRED NOTICE OF DELINQUENCY? _____YES _____NO
- B) 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: \$ _____ % REQUIRING EARTHQUAKE INSURANCE: _____%

ALABAMA: \$ _____ % FIRST TIER* COUNTIES: _____%

FLORIDA: \$ _____ % FIRST TIER* COUNTIES: _____%

GEORGIA: \$ _____ % FIRST TIER* COUNTIES: _____%

LOUISIANA: \$ _____ % FIRST TIER* COUNTIES: _____%

MISSISSIPPI: \$ _____ % FIRST TIER* COUNTIES: _____%

NORTH CAROLINA: \$ _____ % FIRST TIER* COUNTIES: _____%

SOUTH CAROLINA: \$ _____ % FIRST TIER* COUNTIES: _____%

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

DOCUMENT CUSTODIAL SERVICES ACTIVITY (E & O COVERAGE)

REQUIRED BY FANNIE MAE, FREDDIE MAC & GINNIE MAE. IF NOT APPLICABLE CHECK HERE ___ 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:

1. FOR FANNIE MAE, FREDDIE MAC, OR GINNIE MAE? ___ YES ___ NO
2. 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? ___ YES ___ NO IF NO, PROCEED TO THE NEXT SECTION

A) IF YES, PROVIDE THE NUMBER OF PROPERTIES IN YOUR TRUST PROPERTY PORTFOLIO AS OF ___/___/___ # _____

FORECLOSURE ACTIVITY

1. FORECLOSED PROPERTIES:

NUMBER AND VALUE OF FORECLOSURES DURING THE PAST 12 MONTHS: # _____ \$ _____
AVERAGE TIME OWNED UNTIL PROPERTY IS SOLD: _____

	<u>PERCENTAGE</u>	<u>VACANT</u>
DWELLINGS (1-4 UNITS)	_____ %	_____ %
MULTI-FAMILY (OVER 4 UNITS)	_____ %	_____ %
MERCANTILE	_____ %	_____ %
MANUFACTURING	_____ %	_____ %

2. DO YOU USE A PROPERTY MANAGER? ___ YES ___ NO

IF YES, PLEASE PROVIDE NAME OF COMPANY: _____

IF YES, DO YOU REQUIRE ERRORS & OMISSIONS COVERAGE ___ YES ___ NO

IF NOT, WHO IS IN CHARGE OF FORECLOSED PROPERTY? _____

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

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:

LOSS DATE	TYPE OF LOSS / DETAILS	AMOUNT OF LOSS
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EXISTING COVERAGE

1. MORTGAGE IMPAIRMENT / MORTGAGEE'S E&O PROGRAM: ___ YES ___ NO

CARRIER: _____ LIMIT OF LIABILITY: _____

DEDUCTIBLE: _____ POLICY PERIOD: _____ PREMIUM: _____

2. FORCE PLACED PROPERTY PROGRAM: ___ YES ___ NO FORCE PLACED FLOOD PROGRAM: ___ YES ___ NO

CARRIER: _____ CARRIER: _____

	PROP/ LIAB RATE PER \$100	LIMIT	DEDUCTIBLE
RESIDENTIAL	_____ / _____	_____	_____
COMMERCIAL	_____ / _____	_____	_____

3. FORECLOSED / REAL ESTATE OWNED (REO) PROGRAM: ___ YES ___ NO

PROPERTY CARRIER: _____ LIABILITY CARRIER(IF DIFFERENT) _____

	RATE PER \$100	LIMIT	DEDUCTIBLE
RESIDENTIAL	_____	_____	_____
COMMERCIAL	_____	_____	_____

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

	<u>LIMIT</u>	<u>DEDUCTIBLE</u>
<u>Insuring Agreement 1</u>		
(1) <u>Direct Physical Loss or Damage</u>	\$ _____	\$ _____
<u>Insuring Agreement 2</u>		
(1) <u>Force Placed Property and Real Estate Owned Property</u>		
Residential	\$ _____	\$ _____
Commercial	\$ _____	\$ _____
(2) <u>Force Placed Flood</u>		
Residential	\$ _____	\$ 1,000 _____
Commercial	\$ _____	\$ 1,000 _____
<u>Insuring Agreement 3</u>		
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	\$ _____	\$ _____

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 AND TITLE OF OFFICER

DATE

___CHECK IF COVERAGE NOT APPLICABLE

FORCE PLACED INSURANCE--SUPPLEMENTAL APPLICATION

PLEASE PRINT IN INK OR TYPE

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

NAME OF APPLICANT: _____

CITY AND STATE: _____

1) DOES APPLICANT HAVE AN EXISTING FORCE PLACED PROGRAM? ___YES ___NO
IF YES,

CARRIER _____

POLICY PERIOD _____

LIMIT OF LIABILITY _____

DEDUCTIBLES: _____

ANNUAL PREMIUM: _____

WAS COVERAGE CANCELED OR NONRENEWED? ___YES ___NO

IF YES, EXPLAIN _____

2) CURRENT FORCE PLACED PROGRAM:

A) ATTACH A COPY OF 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

- ___ MANUAL
- ___ PC (Submit order form)
- ___ INTERNET
- ___ DATA EXCHANGE
- ___ FULL AUTOMATION

REPORT SORT: ___ALPHA ___NUMERIC

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.

THIS APPLICATION IS BEING SUBMITTED FOR CONSIDERATION ONLY, AND DOES NOT REPRESENT A BINDER.

I, THE UNDERSIGNED, DECLARE THAT THE FACTS STATED IN THIS SUPPLEMENTAL APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Print Name _____

Signature and Title of Officer DATE: _____