



Division of Financial & Professional Risk Solutions, Inc.

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MORTGAGE PROPERTY APPLICATION

COMPANY NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE: _____ FAX: _____ E-MAIL ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

COMPANY STRUCTURE

1. YEAR COMPANY WAS ESTABLISHED: _____ Number of Offices: _____

2. TYPE OF INSTITUTION: BANK/SAVINGS INSTITUTION MORTGAGE BANKER INSURANCE COMPANY
 OTHER _____

3. MAJOR AFFILIATIONS ABA ICBA MBA OTHER _____

4. IS COVERAGE UNDER THIS POLICY INTENDED TO APPLY TO ANOTHER SUBSIDIARY OR OTHER RELATED ENTITY? YES NO
IF YES, PLEASE ATTACH A LISTING OF ALL ENTITIES TO BE COVERED.

5. DOES YOUR INSTITUTION CHECK FOR INSURANCE ON YOUR PORTFOLIO AT TIME OF RENEWAL? YES NO

6. DOES THE APPLICANT USE OUTSOURCING FOR:

FLOOD DETERMINATION SERVICE YES NO

PROVIDER COMPANY _____

LOAN TRACKING SERVICE RESIDENTIAL _____ COMMERCIAL _____

SERVICING COMPANY _____ YES NO

7. MORTGAGE LOAN PORTFOLIO:

A. **RESIDENTIAL FIRST MORTGAGES:** Mortgage Dollars Outstanding: _____

Total No. Mortgages: _____ % of Mobile Homes: _____

Average Balance: \$ _____ Maximum Balance: \$ _____

Total No. SECOND MORTGAGES _____ Total Outstanding Balance: \$ _____

Maximum Balance: \$ _____

Total No. HOME EQUITIES/LINES OF CREDIT _____ Total Outstanding Balance: \$ _____

Maximum Balance: \$ _____

B. **COMMERCIAL MORTGAGES:** Mortgage Dollars Outstanding: _____

Total No. of Mortgages: _____ No. of loans greater than \$1MM: _____

Average Balance: \$ _____ Maximum Balance: \$ _____

ALL MORTGAGES:

STATE BREAKDOWN	Current Portfolio by State Outstanding Balance	Current Portfolio Number of Mortgages	Current Portfolio Mortgages FIRST TIER* %	Est. New Mtgs Next 12 Months
ALABAMA				
CONNECTICUT				
DELAWARE				
FLORIDA				
GEORGIA				
HAWAII				
LOUISIANA				
MASSACHUSETTS				
MARYLAND				
MAINE				
MISSISSIPPI				
NORTH CAROLINA				
NEW HAMPSHIRE				
NEW JERSEY				
NEW YORK				
PENNSYLVANIA				
RHODE ISLAND				
SOUTH CAROLINA				
TEXAS				
VIRGINIA				
PUERTO RICO, VIRGIN ISLDS, GUAM				
CALIFORNIA				
ALL OTHER STATES				

*** FIRST TIER COUNTIES:**

AL: BALDWIN, MOBILE

CT: FAIRFIELD, MIDDLESEX, NEW HAVEN, NEW LONDON

DE: KENT, SUSSEX

FL: ENTIRE STATE

GA: BRYAN, CAMDEN, CHATHAM, GLYNN, LIBERTY, MCINTOSH

LA: ARCADIA, ASCENSION, ASSUMPTION CALCASIEU, CAMERON, IBERIA, IBERVILLE, JEFFERSON, JEFFERSON DAVIS, LAFAYETTE, LAFOURCHE, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. JAMES, ST. MARTIN, ST. MARY, ST. TAMMANY, ST. JOHN THE BAPTIST, TERREBONE, VERMILLION

MA: BARNSTABLE, BRISTOL, DUKES, ESSEX, MIDDLESEX, NANTUCKET, NORFOLK, PLYMOUTH, SUFFOLK,

MD: CALVERT, CAROLINE, DORCHESTER, KENT, QUEEN ANNES, SAINT MARYS, SOMERSET, TALBOT, WICOMICO, WORCESTER

ME: ANDROSCOGGIN, CUMBERLAND, HANCOCK, KENNEBEC, KNOX, LINCOLN, SAGADAHOC, WALDO, WASHINGTON, YORK

MS: GEORGE, HANCOCK, HARRISON, JACKSON, PEARL RIVER, STONE

NC: BEAUFORT, BERTIE, BRUNSWICK, CAMDEN, CARTERET, CHOWAN, CRAVEN, CURRITUCK, DARE, HYDE, JONES, NEW HANOVER, ONSLOW, PAMLICO, PASQUOTANK, PENDER, PERQUIMANS, TYRRELL, WASHINGTON

NH: ROCKINGHAM, STRAFFORD

NJ: ATLANTIC, BURLINGTON, CAPE MAY, HUDSON, MONMOUTH, OCEAN

NY: BRONX, KINGS, NASSAU, NEW YORK, QUEENS, RICHMOND, ROCKLAND, SUFFOLK, WESCHESTER

RI: BRISTOL, KENT, NEWPORT, WASHINGTON

SC: BEAUFORT, BERKELEY, CHARLESTON, COLLETON, DORCHESTER, GEORGETOWN, HAMPTON, HORRY, JASPER

TX: ARANSAS, BRAZORIA, CALHOUN, CAMERON, CHAMBERS, GALVESTON, JEFFERSON, KENEDY, KLEBERG, MATAGORDA, NUECES, ORANGE, REFUGIO, SAN PATRICIO, WILLACY

VA: ACCOMACK, CHESAPEAKE CITY, GLOUCESTER, HAMPTON CITY, ISLE OF WIGHT, JAMES CITY, LANCASTER, MATHEWS, MIDDLESEX, NEWPORT NEWS CITY, NORFOLK CITY, NORTHMAPTON, NORTHUMBERLAND, POQUOSON CITY, PORTSMOUTH CITY, SUFFOLK CITY, SURRY, VIRGINIA BEACH CITY, WILLIAMSBURG CITY, YORK

PORTFOLIO LENDING CHARACTERISTICS	RESIDENTIAL		COMMERCIAL	
	A		A	
Percent of Financing by Credit Quality	B		B	
	C		C	
	D		D	
Percentage of Conventional Financing			%	%
Percentage of FHA / VA Financing			%	%
Delinquency Percentage			%	%
Mortgage Charge offs for Last 12 Months	\$			\$

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 IS INSPECTED: WEEKLY MONTHLY BI-MONTHLY

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: _____

POLICY PERIOD: _____ ANNUAL PREMIUM: _____

	PROPERTY RATE PER \$100	LIMIT	DEDUCTIBLE
RESIDENTIAL	_____	_____	_____
MOBILE HOMES	_____	_____	_____
COMMERCIAL	_____	_____	_____

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

PROPERTY CARRIER: _____ LIABILITY CARRIER (IF DIFFERENT) _____

POLICY PERIOD: _____ ANNUAL PREMIUM: _____

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

4. HAS THE APPLICANT BEEN CANCELLED OR REFUSED INSURANCE FOR **ANY** COVERAGE BEING APPLIED FOR? YES NO
IF YES, STATE CIRCUMSTANCES _____

FORCE PLACED PROPERTY INFORMATION

CURRENT FORCE PLACED PROGRAM:

A) ATTACH A COPY OF YOUR CURRENT PROPERTY IN FORCE LISTING, OR BILLING, SHOWING PROPERTY LOCATION, DESCRIPTION, AND AMOUNT OF INSURANCE.

B) CURRENT PROGRAM 12 MONTH LOSS RATIO _____

C) DO YOU HAVE PROPERTIES IN A DETERIORATED CONDITION? YES NO

IF YES, PLEASE DESCRIBE _____

D) DO YOU HAVE ANY PROPERTIES WITH UNREPAIRED FIRE OR VANDALISM DAMAGE? YES NO
IF YES, PLEASE DESCRIBE: _____

LOSS HISTORY

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. 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

PROPERTY COVERAGES DESIRED

Effective Date: _____

RESIDENTIAL (1-4 UNITS) (CHECK ONE)

DEDUCTIBLES: ___\$250/500 V&MM ___\$500 ___\$1,000 ___\$2,500 ___\$5,000 Other: \$_____

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 : ___YES ___NO

LIABILITY ON REAL ESTATE OWNED PROPERTY: ___YES ___NO

FLOOD COVERAGE: ___YES ___NO

SYSTEM OPTIONS: SELECT ONLY ONE

- ___MANUAL
- ___INTERNET
- ___DATA EXCHANGE
- ___FULL AUTOMATION

REPORT SORT: ___ALPHA ___NUMERIC

MONTHLY BILLING: ___ANNUAL ___MONTHLY IN ARREARS

REPORT OPTIONS—SELECT ANY THAT ARE NEEDED:

- ___NOTICE OF FORCE PLACEMENT LETTER
- ___ESCROW TICKETS WITH BILLING

THE FOLLOWING APPLIES TO ALL SECTIONS OF THIS APPLICATION:

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.

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

Print Name: _____

Signature and Title of Officer DATE: _____

THIS APPLICATION HAS BEEN SUBMITTED FOR CONSIDERATION ONLY, AND DOES NOT REPRESENT A BINDER.

Broker /Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____ Fax: _____

Email: _____