



# MORTGAGE PROTECTION INSURANCE APPLICATION

## Loan Protector Insurance Services

<b>Applicant Information</b>			
Requesting Organization:			
Mailing Address:			
City:	State:	Zip:	
Contact Name:	Contact E-mail:	Contact Phone:	
Organization Type: <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Investor <input type="checkbox"/> Servicer <input type="checkbox"/> Other:			
<b>Portfolio Information:</b> Please provide a data file that lists for each portfolio property: Replacement Cost or Current Loan Balance, Residential/Commercial, REO/Other, ZIP Code, Force Placement Status, Flood Zone (for Flood Coverage). Estimate of New Mortgages in Next 12 Months			
Number of Properties in Mortgage Portfolio: _____		Property Type Coverage <input type="checkbox"/> Lender-Placed <input type="checkbox"/> REO <input type="checkbox"/> Both	
Number of Residential Properties: _____ REO: _____			
Number of Commercial Properties: _____ REO: _____			
Do you service/sell for Fannie Mae or Freddie Mac? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Subprime loans in your portfolio? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please provide percentage of portfolio: _____ %</i>		<i>If yes, please provide percentage of portfolio: _____ %</i>	
What is your Delinquency Rate? <i>Please provide average percentage of portfolio: _____ %</i>		What is your Foreclosure Rate? <i>Please provide average percentage of portfolio: _____ %</i>	
Do you have Coastal Wind Exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you service loans for others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please identify on provided data file.</i>	
Name of Mortgage Servicing System:		Do you use an Automated Insurance Tracking Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide name of Tracking Provider</i>	
Name of Current Lender Placed Carrier(s):		Current Lender Placed Limit: \$ _____ Current Lender Placed Deductible: \$ _____	
Was prior coverage cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, why?</i>			
Last 12 Months Premium: \$ _____		Last 12 Months Claims/Losses Paid: \$ _____ <i>Please attach 3 year history</i>	
Please note: additional information may be required during the underwriting process			
<b>Coverage(s) Requested</b>			
Hazard: <input type="checkbox"/> Lender Placed <input type="checkbox"/> REO		Flood: <input type="checkbox"/> Lender Placed <input type="checkbox"/> REO	
Gap: <input type="checkbox"/> Hazard <input type="checkbox"/> Flood		<input type="checkbox"/> REO Liability	
<input type="checkbox"/> Earthquake		<input type="checkbox"/> Equipment Breakdown	
<input type="checkbox"/> Mortgage Impairment		<input type="checkbox"/> Standalone Wind	
<input type="checkbox"/> Builders Risk (COC)		<input type="checkbox"/> Theft	
<input type="checkbox"/> Demolition Expense		<input type="checkbox"/> Mine Subsidence	
<input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value		<input type="checkbox"/> Excess Flood	
<input type="checkbox"/> Ordinance & Law		<input type="checkbox"/> No Coinsurance	
		<input type="checkbox"/> Automatic Coverage	
		<input type="checkbox"/> Other:	
		<input type="checkbox"/> Other:	
<b>Blanket Coverage(s) Requested</b>			
<input type="checkbox"/> First Mortgage		<input type="checkbox"/> Second Mortgage	
<input type="checkbox"/> HELOC		<input type="checkbox"/> Condominium	
		<input type="checkbox"/> Vandalism	
<p>The undersigned declares he/she is a representative of the above organization and is authorized to enter into this application on behalf of the organization. The undersigned declares that to the best of his/her knowledge, the statements included herein, and any documents submitted herewith are true, accurate, and complete. The undersigned 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, he/she will promptly notify the insurance provider; and the insurance provider may modify any quotations or agreements offered to provide insurance. The undersigned acknowledges any intentional misrepresentation, concealment, or omission of a material fact shall be grounds for cancellation, withdrawal, or denial of any insurance coverage provided.</p> <p>The undersigned declares he/she received and read the Statutory Fraud Warning notification form, UW-A001a (08/2013), attached.</p>			
Undersigned is an: <input type="checkbox"/> Applicant <input type="checkbox"/> Agent for Applicant			
_____ Signature		_____ Date	
_____ Name (print)		_____ Title	

NOTE: This is not a Binder. Coverage will not be considered bound unless written confirmation is provided by Loan Protector Insurance Services.

**Return to: Loan Protector / 6000 Cochran Road / Solon, Ohio 44139**

**Fax: 440.498.9370**

#### **Statutory Fraud Warning**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** 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 fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 information is guilty of a felony in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any 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.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

**NOTICE TO NEW YORK APPLICANTS:** 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 any 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 such violation.

**NOTICE TO OHIO APPLICANTS:** 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.

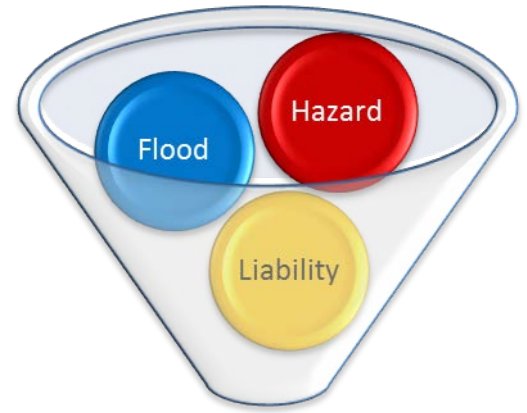
**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person 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 material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**UW-A001a (08/2013)**



**LOAN PROTECTOR  
INSURANCE SERVICES**

## Program Fact Sheet and Plan Highlights

### Program Coverage Offered

- Lender-Placed / REO Hazard Insurance
- Lender-Placed / REO Flood Insurance
- REO Liability Insurance
- REO Rental Property Protection with Business Income Coverage
- Collateral Protection Insurance
- Mortgage Impairment Insurance
- Blanket Coverage Insurance

### Program Highlights

<p><b>Lender-Placed / REO Hazard Insurance</b></p> <ul style="list-style-type: none"> <li>• Comprehensive coverage offered; including loans with extensive insurance requirements</li> <li>• Coverage provided by multiple carriers; all AM Best rated "A" excellent or better</li> <li>• Insurance tracking compliant with regulatory agencies: CFPB, FNMA, GNMA, HUD, OCC, FDIC, others</li> </ul>	<p><b>Lender-Placed / REO Flood Insurance</b></p> <ul style="list-style-type: none"> <li>• NFIP coverage limits; excess coverage limits available</li> <li>• Coverage provided by multiple carriers; all AM Best rated "A" excellent or better</li> <li>• Insurance tracking compliant with regulatory agencies: CFPB, FNMA, GNMA, HUD, OCC, FDIC, others</li> </ul>
<p><b>Collateral Protection Insurance</b></p> <ul style="list-style-type: none"> <li>• Commercial contents</li> <li>• Automobiles; Equipment</li> </ul>	<p><b>REO Liability</b></p> <ul style="list-style-type: none"> <li>• Premise liability coverage</li> <li>• Residential; Commercial; Vacant Land</li> </ul>

### Standard Program Coverage

<p><b>Residential Lender-Placed Hazard</b> All Risk Special Form Stand Alone Wind Coverage Vandalism &amp; Malicious Mischief Blanket Condominium Coverage Blanket Second/HELOC Coverage</p>	<p><b>Commercial Lender-Placed Hazard</b> Broad Form Coverage Stand Alone Wind Vandalism &amp; Malicious Mischief TRIA Terrorism Coverage Business Income / Loss of Rents Equipment Breakdown Course of Construction/Builders Risk</p>	<p><b>Lender-Placed Flood</b> Residential; Commercial NFIP Special Flood Hazard Areas Coastal Barrier Areas Participating / Nonparticipating Communities</p>
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### Standard Coverage Limits and Deductibles

Coverage	Limit	Deductible
Residential Hazard	\$2,000,000	\$1,000
Commercial Hazard	\$5,000,000	\$1,000
Standalone Wind	\$2,000,000	2% - 5%
Residential Flood	\$250,000	\$1,000
Commercial Flood	\$500,000	\$1,000
REO Liability	\$1,000,000	N/A

For more information, please contact us:

Phone: 800-545-6580

Fax: 440-498-9370

E-mail: [info@loanprotector.com](mailto:info@loanprotector.com)