



Loan Protector

Safe. Sound.

MORTGAGE PROTECTION INSURANCE APPLICATION LOAN PROTECTOR INSURANCE SERVICES

APPLICANT INFORMATION

Company Name:		
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:		
Years in Business:	Company Website:	

1. CURRENT MORTGAGE PORTFOLIO INFORMATION

Current Lender Placed/REO Carrier?
Current Annual Premiums & Rates:
Has any prior coverage been cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Why?
Current Automated Insurance Tracking Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Who:
Loss History: Please attach 3 years loss history or state losses paid per year

Coverage Term Requested: <input type="checkbox"/> Annual Certificates <input type="checkbox"/> Semi-Annual Certificates <input type="checkbox"/> Quarterly Certificates <input type="checkbox"/> Monthly Logs
Is Immediate Coverage Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Portfolio Information:

	VACANT	OCCUPIED
Property Type:	Number in Force	Number in Force
Residential – Lender Placed		
Residential – REO		
Condo/Townhouses – Lender placed		
Condo/Townhouses – REO		
Mobile Homes – Lender Placed		
Mobile Homes – REO		
Commercial – Lender Placed		
Commercial – REO		

FOR INVESTORS (REO ONLY) PLEASE COMPLETE REO QUESTIONNAIRE

Portfolio Information (Data File): Please provide a data file that lists for each portfolio property: Complete Address including Zip Code, Replacement Cost or Current Loan Balance, Residential/Commercial, Occupied/Unoccupied, REO/Other, Force Placement Status, Flood Zone (if Flood Coverage is requested).

Data File Attached: Yes (Provide for Each Loan: Unpaid Balance, Zip Code, Res./Com.)

2. TYPES OF COVERAGE REQUESTED

Coverage(s) Requested:		
Hazard: <input type="checkbox"/> Lender Placed <input type="checkbox"/> REO	Flood: <input type="checkbox"/> Lender Placed <input type="checkbox"/> REO	<input type="checkbox"/> Liability

Other Optional Coverage's:		
<input type="checkbox"/> Business Income/Loss of Rents	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Equipment Breakdown
<input type="checkbox"/> Ordinance & Law	<input type="checkbox"/> Theft	<input type="checkbox"/> Mine Subsidence
<input type="checkbox"/> Back up of Sewers & Drains	<input type="checkbox"/> Standalone Wind	<input type="checkbox"/> No Coinsurance
<input type="checkbox"/> Mortgage Impairment	<input type="checkbox"/> Terrorism (TRIA)	<input type="checkbox"/> Automatic Coverage (tracking only)
<input type="checkbox"/> Demolition Expense	<input type="checkbox"/> Excess Flood	<input type="checkbox"/> Sinkhole Coverage
Valuation: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Unpaid Balance <input type="checkbox"/> Statement of Values <input type="checkbox"/> Market Value	Gap: <input type="checkbox"/> Flood	<input type="checkbox"/> Other:

Deductible Options: Hazard and/or Flood <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 Other:
Wind <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> Other:

Blanket Coverage(s) Requested (please attached data file)				
<input type="checkbox"/> First Mortgage	<input type="checkbox"/> Second Mortgage	<input type="checkbox"/> HELOC	<input type="checkbox"/> Condominium	<input type="checkbox"/> Vandalism

3. OPERATIONS & RISK MANAGEMENT

Any Rehab/Renovations work being done? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please provide detailed information and location address(s) **Contractors must provide their own insurance coverage, no coverage is provided under this policy form.
Are there any properties vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Please list on Portfolio spreadsheet

Security Measures:
Utilize Property Managers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Perform Inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Frequency:
Do you service loans for others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify on provided data file.
Do you service/sell for Fannie Mae or Freddie Mac? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide percentage of portfolio:

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.

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.

The undersigned declares he/she received and read the Statutory Fraud Warning notification form, UW-A001a (08/2013), attached.

Applicant:

Signature: _____

Name (print): _____

Officer Title: _____

Date: _____

Representing Agent:

Signature: _____

Name (print): _____

Officer Title: _____

Date: _____

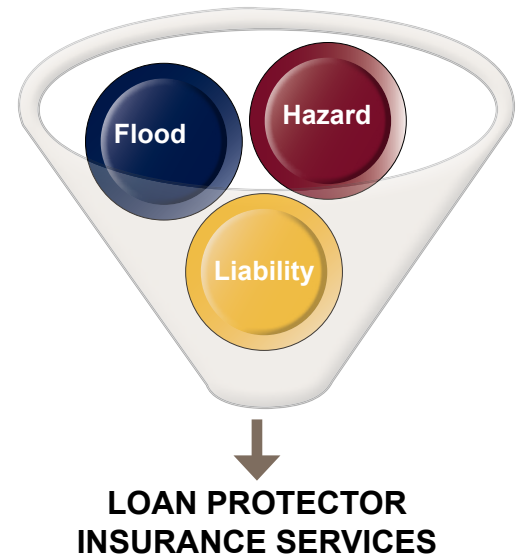
Agency Name: _____

Agency Phone: _____

APPLICANT OR REPRESENTING AGENT SIGNATURE IS REQUIRED FOR FORMAL RATE QUOTATION.

Agents Information ONLY
IF NEW AGENT PLEASE COMPLETE FORM #UW-P005 APPLICATION
Service Level: <input type="checkbox"/> EasyPlace <input type="checkbox"/> EasyPlace Plus <input type="checkbox"/> EasyNOR <input type="checkbox"/> EasyData <input type="checkbox"/> EasyNOR48R <input type="checkbox"/> EasyTrack
Any other special instructions from producer/agent:

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

Standard Program Coverage

<p>Residential Lender-Placed Hazard</p> <ul style="list-style-type: none"> • All Risk Special Form • Stand Alone Wind Coverage • Vandalism & Malicious Mischief • Blanket Condominium Coverage • Blanket Second/HELOC Coverage 	<p>Commercial Lender-Placed Hazard</p> <ul style="list-style-type: none"> • Broad Form Coverage • Stand Alone Wind • Vandalism & Malicious Mischief • TRIA Terrorism Coverage • Business Income/Loss of Rents • Equipment Breakdown • Course of Construction/Builders Risk 	<p>Lender-Placed Flood</p> <ul style="list-style-type: none"> • Residential; Commercial • NFIP Special Flood Hazard Areas • Coastal Barrier Areas • Participating/Nonparticipating Communities
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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