



13121 Eastpoint Park Blvd., Suite C
 Louisville, KY 40223-4164
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MORTGAGE HAZARD INSURANCE LENDER APPLICATION

1. LENDER INFORMATION

Lender Name: _____

Street Address: _____

Mailing Address: _____ E-Mail: _____

State/Zip Code: _____ Telephone: _____

Contact Person: _____ Facsimile: _____

Proposed Effective Date: _____

Type of Lender: Regional Local National FDIC No. _____

2. PORTFOLIO INFORMATION

	# of Loans in force	# of Loans next 12 months	Avg. Loan Amount	Largest Loan Balance	Avg. Interest Rate
Residential Loans:	_____	_____	_____	_____	_____
Commercial Loans:	_____	_____	_____	_____	_____
Mobile Homes:	_____	_____	_____	_____	_____
Real Estate Owned:	_____	_____	_____	_____	_____
Equities / Seconds / Line of Credit	_____	_____	_____	_____	_____
Condominiums	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

Credit Quality – What percentage of your mortgage lending falls into these interest rate categories:

Below 6% _____ 6% - 10% _____ 10.1% - 15% _____ 15.1% - 17% _____ Over 17% _____

3. GEOGRAPHIC CONCENTRATIONS

Do you have coastal properties in 1st or 2nd tier counties? Yes No If yes, what %? _____%

Do you ever make loans related to properties which house, store or manufacture explosives or flammable materials? _____

Any other unusual exposures (Describe): _____

Property Location (list states) and numbers of Mortgage Loans: (Attach additional sheet if necessary.)

Residential		Commercial	
State	# of Loans	State	# of Loans
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. PRIOR PREMIUM & LOSS INFORMATION (Provide actual loss runs)

Prior Carrier _____

Basic Rates (per \$100) Residential \$ _____ Commercial \$ _____

Premiums Paid (last 3 years) \$ _____ Loss ratio last year _____%

Losses Incurred (last 3 years) \$ _____ Loss ratio last 3 years _____%

Was prior coverage cancelled/non-renewed (Y/N) _____ If yes, explain: _____

5. REQUESTED COVERAGE

Please check applicable coverage needs. Please check (√).

- | | |
|--|--|
| <input type="checkbox"/> Residential Buildings | <input type="checkbox"/> Commercial Occupied Buildings |
| <input type="checkbox"/> Residential Buildings with Contents | <input type="checkbox"/> Commercial Buildings with Contents |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Commercial Vacant Buildings |
| <input type="checkbox"/> Mobile Home with Contents | <input type="checkbox"/> First Mortgage <input type="checkbox"/> Second Mortgage |
| <input type="checkbox"/> Condominiums | <input type="checkbox"/> Blanket <input type="checkbox"/> Blanket |
| <input type="checkbox"/> Condominiums with Contents | <input type="checkbox"/> Individual <input type="checkbox"/> Individual |
| <input type="checkbox"/> Automatic Coverage * | <input checked="" type="checkbox"/> Certified Acts of Terrorism Coverage |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Not available unless all loans are tracked by approved tracking agent.

6. SYSTEMS Please check (√).

- | | | |
|-----------------|------------------------------------|------------------------------------|
| Tracking System | <input type="checkbox"/> Automated | <input type="checkbox"/> Inside |
| | <input type="checkbox"/> Manual | <input type="checkbox"/> Outsource |

7. APPLICANT REPRESENTATION

The Applicant agrees to notify the Company or the agent within thirty (30) days of any significant Change in the loan portfolio owned or serviced by the Applicant during the term of any policy issued by the Company. Such changes include, but are not limited to changes in:

- Geographic concentrations
- Loan underwriting guidelines
- Loan quality/interest rates
- Loan portfolio acquisitions

Failure to provide such information in a timely basis may invalidate coverage under this policy.

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

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 APPLICANTS: It is a crime to 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.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 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 civil fines and criminal 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 claims 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 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 fact 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 TENNESSEE & VIRGINIA 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.

The applicant warrants that all information on this application is true, correct and complete to the best of their knowledge and understands that it is their responsibility to read and comprehend the contents of this application. Any material misrepresentation, concealment or omission may invalidate coverage.

This application will attach to and form a part of the policy at the time of issuance.

Applicant understands that a Policy Fee will [] will not [] be added to each Notice of Insurance issued. If applicable, the Policy Fee will be \$_____. This application will attach to and form a part of the policy at the time of issuance.

LENDER'S NAME: _____ **DATE:** _____

SIGNATURE: _____

TITLE: _____

AGENT'S NAME: _____ **DATE:** _____

SIGNATURE: _____

TITLE: _____