



EquiShield® Application

Blanket Hazard Insurance

Proposal Information Sheet

Note: Internet Explorer is required to use automatic submission feature in browser. All other browsers are not supported & require manual download and return to salessupport@pfc.com.

Proposed Insured

Address _____ City _____ State _____ Zip _____

Residential Portfolio Breakout

	Equity Loans	Second Mortgages	*Non-Purchase First Mortgages	Totals
Number of Loans		+		=
Outstanding Balance		+	+	=

*A lien representing an interest in Residential Property executed for the benefit of the Assured as security for an equity loan, which does not contemplate the purchase of the mortgaged property or the refinance of the first mortgage loan, which lien is in a first position due to the lack of an existing first mortgage.

Describe procedures for tracking borrowers' insurance prior to institution of this coverage:

Do you verify hazard insurance is in place at loan closing in all cases? **Yes** **No**

What system do you usually employ for this verification?

Loan Paper Type (FICO scores shown below)

A: % B: % C: % D: % Less than D: %
650+ 620 - 649 580 - 619 550 - 579 Under 550

Avg. Running Foreclosure Rate

Avg. Running Default Rate

Properties Known to be Uninsured

Number: Value:

Location of Loans - include all loans listed above *If more than 6 states attach report broken out by state including number of loans and values*

State	No. of Loans	Values	State	No. of Loans	Values
-------	--------------	--------	-------	--------------	--------

Attach a Report Separately Listing Any Loans in the Following Counties and Washington, D.C.:

If none, state below

CA - San Francisco; NY - New York; IL - Chicago/Cook County; MA - Boston/Suffolk County; PA - Philadelphia/Philadelphia County

Have you authorized any non-mortgage entity to obtain loan applications such as Home Improvement/Builders? *If yes, describe extent including contract information*

Yes No

Do you plan purchases or sales in the upcoming year? *If yes, values of the proposed acquisition and loan paper quality*

Yes No

Within the mortgage portfolio, are there mortgages on mobile homes that are attached to permanent foundations (concrete slab and/or foundation, for which the mobile home & the land are collateral)? **Yes** **No**

If yes, indicate number in current portfolio & outstanding balance
Mobile homes not attached to permanent foundations (ie. those sitting on piers or pillars and/or tied down) are excluded entirely

Over the past 5 years have you experienced any physical damage losses that would have been covered under this insurance?
(If yes, provide loss amount, peril (fire, vandalism) and date

Yes No

Do you perform any escrow function (tax or insurance) on the loans to be insured under this policy?

Yes No

Coverage, Limit, Deductible Desired

(If no limit is offered, the coverage will not be quoted; lower limit and higher deductible will result in a lower rate)

Limit *\$250,000 Standard)

Deductible (\$1,000 Standard)

Do you wish to have mandatory flood coverage in participating communities covered? **Yes** **No**

Consumer 1st Mortgages, Non-Purchase 1st Mortgages

If yes, for all sections listed in the prior question? **Yes** **No**

Second Mortgages, HELOCs, Equities in 2nd Position

STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person, who 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 the person to criminal and civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

I agree to receive policies, endorsements, invoices and other correspondence via the email address on file with Proctor Loan Protector. Updates will be handled during the regular course of business.

Authorized Representative's Signature on behalf of the _____ Date
Financial Institution (Required)

Note: This is not a Binder. Coverage will not be considered bound unless written confirmation is provided by Proctor Loan Protector.

STATEMENT: **Applicable in AL, AR, DC, LA, MD, NM, RI, and WV:** Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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 reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: 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 of any agent thereof, any written statement as part of, on 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.

Applicable in KY, NY, OH and PA: 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 purpose of misleading, information concerning and fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the state values of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes and false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

For your protection California law requires the following to appear on this form. 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.