



Mortgage Guard® Application

Lender-Placed Hazard Insurance

Client Information

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@pfic.com.

Client Number		Application Date	
Name of Institution			
Address <small>(if mailing address is different from corporate, include both)</small>			
City	State	Zip	
Contact Person Name	Contact Person Title	Contact Person E-mail	
Decision Maker Name	Decision Maker Title	Decision Maker E-mail	Phone Number
Do you comply with the Office of Foreign Assets Control (OFAC) regulations? Yes No		How did you hear about PFI?	

Portfolio Information

Number of properties serviced in mortgage portfolio: Residential Commercial	Name of Current Insurance Provider
Number of REO Properties (owned via foreclosure, deed in lieu or purchase) Residential Commercial	Has your program been non-renewed or cancelled? Yes No If yes, please provide details
Attach a list of all properties in mortgage and REO portfolios <small>in excel including property type, address, values and indicate which are currently lender-placed or REO</small>	Current Insurance Tracking Device
Type of Coverage Desired: Lender-Placed REO Both	Name of Mortgage Servicing System
Number of Properties to be Placed at Inception: Lender-Placed REO	Is a documented, legal foreclosure process followed in all cases? Yes No If no, explain:
On what percentage of the portfolio do you Service for your own interest? % Service for Fannie Mae % Freddie Mac % Other % If other, for whom:	Percentage of properties within portfolio undergoing Refurbishment or repair % Rental %
Last 12 Months Premium \$	If foreclosed/REO/owned properties are rented: a) Is a standard lease agreement used in all cases? Yes No b) Are all rental dwellings registered with the local municipalities as required by laws and ordinances? Yes No c) Do you have written eviction procedures that comply with all applicable laws and ordinances? Yes No If no to any of the above, explain:
12 Months Claims <small>(please attach 3-year history)</small> \$	

Optional Coverage/Endorsements*

Premises Liability	Yes	No	Foreclosure and Demolitions expense on total loss	Yes	No
Flood (Bridge60®)	Yes	No	Trust Properties	Yes	No
Automatic/Bulk Acquisition	Yes	No	Ordinance or Law	Yes	No
Vacant Theft (Residential)	Yes	No	Earthquake	Yes	No
All-Risk (Commercial)	Yes	No	Outsourcing Services	Yes	No
Commercial Contents & Equipment	Yes	No	If yes, at what level? Notifications Partial Full		
Farm Property & Farm Equipment	Yes	No	Hazard Insurance Binding Limit per Property	\$	

Additional Services (all additional services require a separate application to be completed)

Blanket Home Equity	Yes	No	Flood Determination Service	Yes	No
Mortgage Impairment Errors & Omission	Yes	No	Real Estate Tax Services	Yes	No

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.

Requested By:

Send Materials to:

Authorized Client Signature (Required)

Date

* Optional Coverage / Endorsements Available Upon Underwriter Approval | 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.