



KwikRisk® Application

Non-Lender Institution

Agency 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 salesupport@pfic.com.

Contact Name	Telephone Number	Fax Number
Agency	Email Address	
How did you hear about PLP?	Explain:	

Applicant Information

Name of Applicant	
Address	City/State/County/Zip

Premises Information

Property Address	Property Description <i>(please provide a brief description of property)</i>																			
Property City/State/County/Zip	Deductible Amount <i>(required)</i>																			
Insured Limit Desired																				
Square Footage of Building	Number of Stories	Year Built																		
Construction Type <i>(choose one)</i>																				
<table border="1"> <tr> <td>Frame</td> <td>Joisted Masonry</td> <td>Non-combustible</td> <td>Masonry Non-combustible</td> <td>Modified Fire Resistive</td> <td>Fire Resistive</td> </tr> <tr> <td>Free Standing</td> <td>Fencing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yes No</td> <td>Yes No</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Frame	Joisted Masonry	Non-combustible	Masonry Non-combustible	Modified Fire Resistive	Fire Resistive	Free Standing	Fencing					Yes No	Yes No						
Frame	Joisted Masonry	Non-combustible	Masonry Non-combustible	Modified Fire Resistive	Fire Resistive															
Free Standing	Fencing																			
Yes No	Yes No																			
Describe area of location	General Condition of the building:	Any existing damage, fire or otherwise?																		
<table border="1"> <tr> <td>Commercial</td> <td>Residential</td> <td>Urban</td> <td>Rural</td> <td>Industrial</td> <td>New</td> <td>Good</td> <td>Fair</td> <td>Poor</td> </tr> </table>	Commercial	Residential	Urban	Rural	Industrial	New	Good	Fair	Poor											
Commercial	Residential	Urban	Rural	Industrial	New	Good	Fair	Poor												
Are regular checks made to the premises?	If yes, how often?	Is property vacant?																		
Yes No		Yes* No																		
Protective Safeguards:	Central Station Fire Alarm	Central Station Burglar Alarm																		
Yes No	Yes No	Yes No																		
Utilities Operational?	Operational Sprinklers?	*Provide reason & intentions for property.																		
Yes No	Yes No	*Is building boarded?																		
Have there been any property losses in the past 3 years?	Yes No	Yes No																		
<i>If Yes, describe (in detail) any losses and amount paid in the last 3 years.</i>		*Protection Class Code of Property																		
		*Fire Department?																		
		Paid Volunteer																		
Updates to the structure during the last 15 years <i>(roof, wiring, plumbing)</i>																				

Desired Effective Date	Co-insurance	Valuation Basis
	80% 90%	ACV RCV

Mortgagee Name/Address *(if any)*

Former Carrier/reason for cancellation of borrower's coverage:

Any back taxes owed or property liens on building? *(if yes, describe)*

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.

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.

NOTE: If you are an individual or private investor seeking insurance coverage, you will need to work with a licensed P&C agent in the state where the property is located in order for Proctor Loan Protector to provide an insurance quote. Please indicate at the top of the KwikRisk application your licensed insurance representative. If you do not have an agent, please indicate this on the form and we will provide a list of licensed agents in your area.

Authorized Client Signature **(Required)** _____ Date _____
Signed application required for coverage to be bound.

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.

Applicable in CA: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Proctor Loan Protector is a trademark of Proctor Financial, Inc.